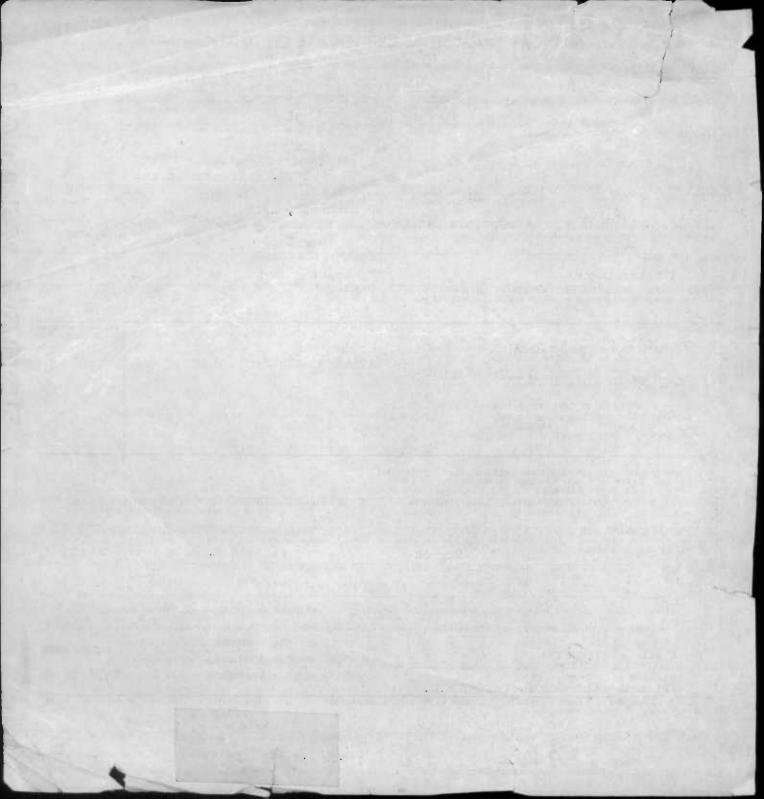
M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 12/5/65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY (Stote) 23 D. TOCATION (City, tawn, at county) REC'D BY HEALTH DEPT. 245 FUNERAL DIRECTOR ADDRESS 24B, NAME OF REGISTRAR VS 151-REV. 1/1/65



occurred in a hospital and

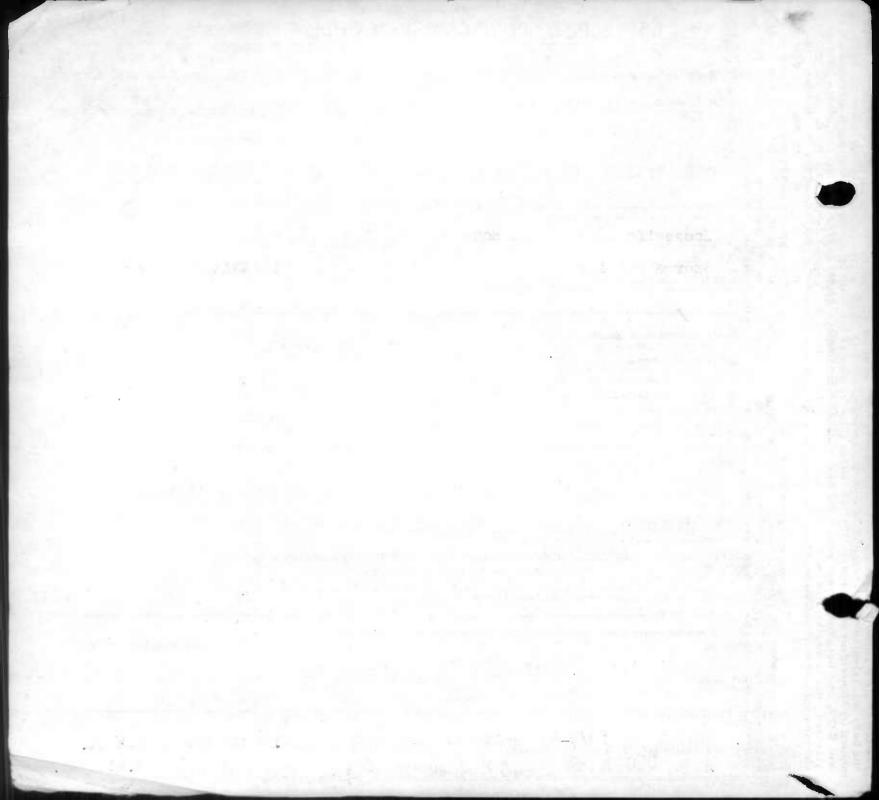
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M.E.	TH NO. 65 12502	CERTII	FICATE OF DEATH		65 12502
-	DE OF DECEASED			D HOUR OF DEATH	1630 A
3. P	PLACE OF DEATH IN BANTIMORE, M.	ARYLAND .	14. USUAL RESIDENCE (When	e deceased lived. If in	astitution: residence before odmis
			A. STATE B. COUN	TY	1 1 2
H	HOSPITAL OR oddress or localing	or institution, give street	C. CITY OR TOWN (II OUT	side city limits, write	RURAL and give township)
11	NSTITUTION BON SELO	URS HOSP			
1			D. STREET ADDRESS (If	rurol, give location)	
			304 S. HIG		
5. S I	SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe	ecify)	9. AGE (In years lost birthdoy)	Months Doys Hours M
.41	F W	WIDOWED	2-/3-88 IDUSTRY 11. BIRTHPLACE (Stote or fore)	77	12. CITIZEN OF
	e during most of working life, even if retired)				WHAT COUNTRY?
	Housewife FATHERS NAME	Home	MARYLAND 14. MOTHER'S MAIDEN NAM	20	USA.
			-0.		
16 1	George Pannier Was Deceased Ever in U. S. Armed Fo	prces? 16. SOCIAL	SARAH XX	XXXXXXXLH	ADDRESS
(Yes,	s, no or unknown) (If yes, give wor or do	les of service) SECURITY NO	d.	200	WDDKE22
	NO		ADMISSION	SHEET.	
	18. 3 3 / X 1		AUSE OF DEATH		ONSET AND DEATH
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		f dying, e.g., DUE s the diseose, d deoth.)	10 Cerebral ac	cident	12.6.1965
	(This does not meon the mode o heart failure, asthenio, etc. It meon	f dying, e.g., DUE s the disease, d deoth.) S (B)	Jenorolized	cielent orderios	12.6.1965 de 2. 6.1965
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Burial 12/9-65 25A. DATE REC'D BY HEALTH DEPT. 256 Baltimore Cemetery
58. NAME OF REGISTRAN

LELD E. FLANDING

E2 North Ave & Rose St oee322 S. High St.

VS 150-REV. 1/1/65



24A. BURIAL CREMATION, REMOVAL (Specify)

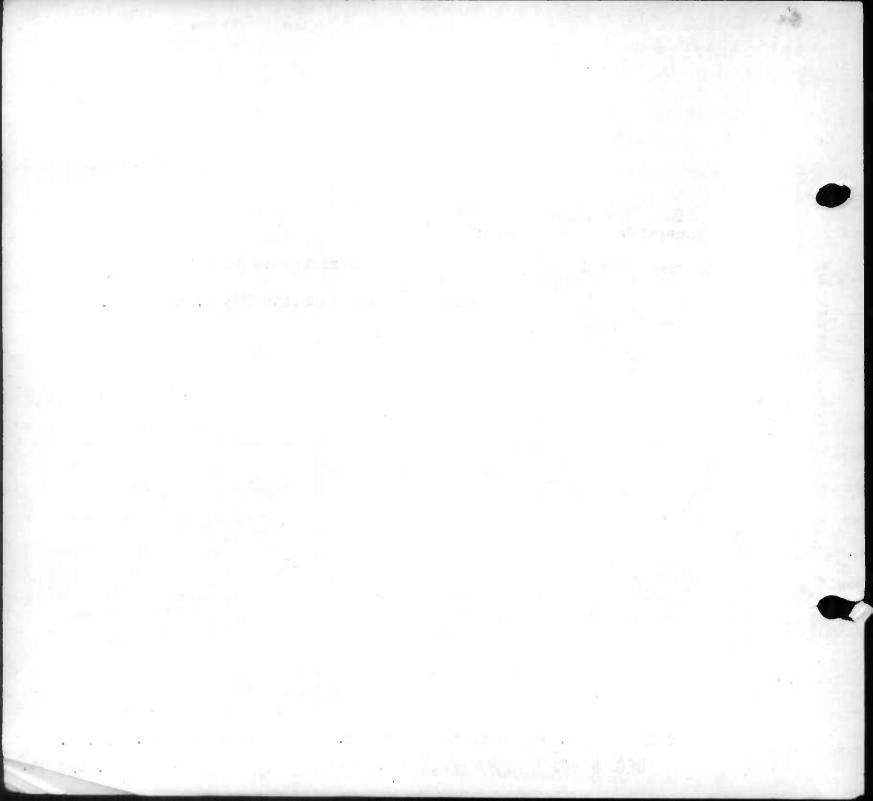
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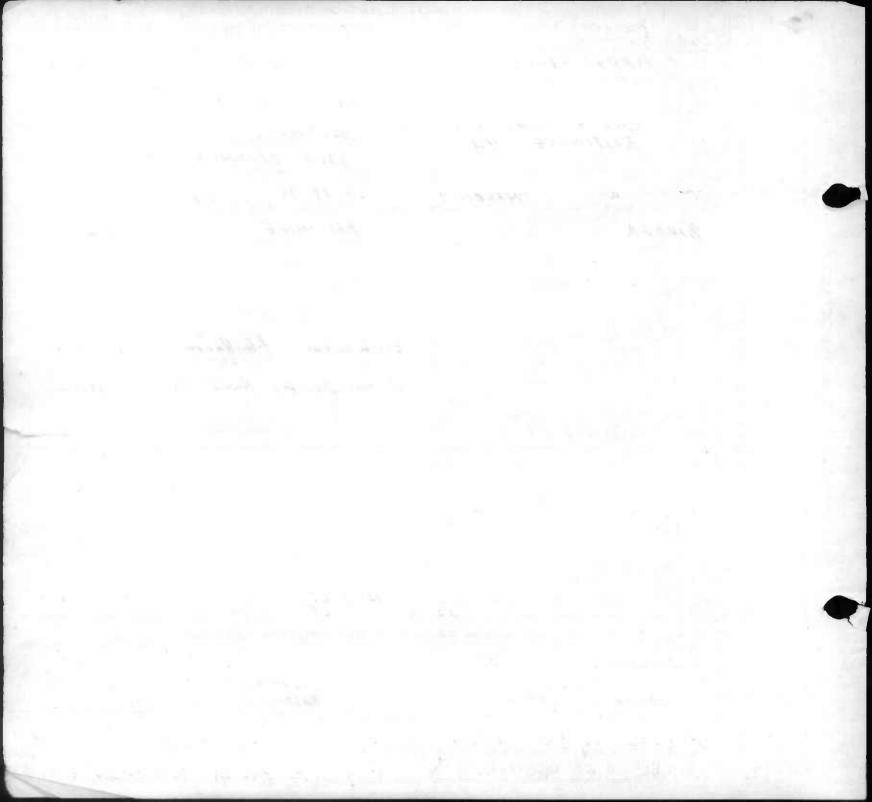
65 12503	BALTIMORE C	ITY HEALTH DEPARTMENT		65 12503
IRTH NO. 00 12005	CERTIFIC	ATE OF DEATH	Registered Na	00 12003
A.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	H
PLACE OF DEATH IN BALTIMORE, MA	1806-60N1	120	0.61	1965 9:304
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (When	e deceosed lived, If	1965 9.30A
FULL NAME OF (If not in hospital	or institution, give street	MARYLAND		3-100
HOSPITAL OR oddress or location	C. CITY OR TOWN (If our	side city limits, write	RURAL and give township)	
		BALTIMORE		
PRANKLIN SOL	VARE HOSPITAL			2
		239 ALBEM.		1 ²
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min,
FW	WIDOW	4/30/1894	71	
A, USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	1 TALX		
FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
Vincenzo Cozzi		Mariassunta	Ippolite	0
. Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give wor or date	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
no	s of service) SECURITY NO.	Ida Esposito	203 S.Ex	eter St.
18. 420,11		OF DEATH	-07 0022	INTERVAL BETWEEN
injury or camplication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost.	(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	TED TO THE			
19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes or No	OB. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e. home, form, foctory, street etc.)	g., in or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not \	While ork		
22. I certify that (I) (this hospital) attended the deceased fram	DEC. 1	19.65 to 1	DEC. 6 1965
that (I) (we) last saw the decease	d alive an DEC.	0 19 6 5 and th	at in (my) (aur) a	pinian death accurred an the do
and have and from the causes state	ed abave. (I) (We) (did) (did na	t) view the bady after death.		DATE SIGNED
23A. SIGNATURE	. Technico M.D.	Attending Med. Phys. Director	Stoff Phys.	23B. DATE SIGNED DEC. 6, (165
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		7.18

SQUARE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Cem. 4430 Belair Rd. Balt. Md. Dec. 9/65 Holy Redeemer
TH DEPT. |258. NAME OF REGISTRAR
8 1965 P. L. & Statisman Voce 322 S. High St.



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the O	-
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3. F	ACE OF DE	ATT IN BAL	IIMORE, MA	RICAND		A. STATE	B. COUN	TY	Institution: residence
	ULL NAME O	odde	ess or location	or institution,		Mal.	UN OF THE	· 5 · A	e RURAL ond give to
	STITUTION	CHUR	CH	HOME	+ HOSPITAL				
3	35	BAL	TIMOR	2E. 1	49.	D. STREET ADD	RESS (If	urol, give location)	
								IXTHONI	AUE.
5. SE		6. RACE			D, DIVORCED (specify)	B. DATE OF BIRT		ost birthdoy)	If Under 1 Yr. Months: Doys
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IOA. done	during most of	working life, a	ive kind of work even if retired)	KIOB, KIND O	F BUSINESS OR INDUSTRY			gn country)	12. CITIZEN OF
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13. F	ATHER'S NA	ME				14. MOTHER'S M	AAIDEN NAA	AE	
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15. V (Yes.	Vos Deceoses	Ever in U.	S. Armed For	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRE
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	DISEA	SE OR COL	IN NOTION	RECTLY	./	1- 0	y	26.11- F.	ONSEL
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wds D.O.A.

Such

death.

BALTIMORE (CITY HEALTH DEPARTMENT	05 10505
BIRTH NO. C5 19505 CEPTIFIC	CATE OF DEATH Registered No.	65 12505
M.E. CASE NO.		
(Type or Print) COTTON AND THE	2. DATE AND HOUR OF DEATH	215
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	December 7, 1965	9:45 A. M.
3. PLACE OF DEATH IN BALTIMORE, MARTLAND	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	notion, residence before domession
FULL NAME OF (If not in hospital or institution, give street	MARYLAND	601
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RL	JRAL and give township)
Veterans Administration Hospital	BALTIMORE	
3900 Loch Rayen Blvd.,	D. STREET ADDRESS (If rurol, give locotion)	
Baltimore, Maryland 21218	208 N. Rose Street	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE WIDOWED	11/30/90 75	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU-	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CAR REPAIRMAN RAILROAD	RUSSIA	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	00 20 20
CITAMITAMITAMI CONTROLLO	ANNIA THITTING	
GUNTINTINE CZERKOVICH 15. Wos Deceosed Ever in U. S. Armed Forces? 116. SOCIAL	ANNA BURNS	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17 INI VIVIANT	ADDRESS
YES 7/25/18 to 12/26/18 705 03 5	137 VA Hospital, Baltimore, Md	21218
18. 5.2.7. / I CAUS	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	BRONCHOPNEUMONIA, ORGANISM	2 or 3 days
heart failure, asthenia, etc. It means the disease,	UNKNOWN	
injury or complication which caused death.)	PULMONARY EMPHYSEMA	5 years
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, if any, giving		
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT BELATED TO THE	AL THROMBOSIS	QT.D
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO NO	JEJ OF DEATH:
	e.g., in or obout 21C. WHERE DID (If in Boltimore	City, give exoct location)

DEATH (natify medical examiner) etc.) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While At Work (APPROX.) to December 7 22. I certify that (1) (this haspital) attended the deceased from December 6 ___ond that in (ny) (our) opinion death occurred on the date 19 65 that (1) (we) lost sow the deceased alive on December 7 and hour and from the causes stated above. (1) (We) (did) (did) not view the body ofter death. 23B. DATE SIGNED Attending Phys. Med. Stoff 12/7/65 23 D. ADDRESS

24C, NAME of CEMETERY OF CREMATORY

Burial

24A. BURIAL CREMATION, REMOVAL (Specily)

DAVID N. MARINE

I Cem Frederick Road
25C. FUNERAL DIRECTOR

Md' ADDRESS

Dec 10 1965 Baltimore National Cem

The Dippel Bros Inc 1800 E Lombsrd St

3900 Loch Raven Blvd., Baltimore, Md. 21218

VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 65 125 MEDICAL E	XAMINER'S CE	RTIFICATE O	F DEATH Regist	ered No.65 12506
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE	AND HOUR PRONOUNC	CED DEAD
(Type or Print) JOHN	GEISLER S		2-5-65	10:20 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE (WI	ere deceased lived. If ins	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	TITION CIVE STREET	A. STATE Maryland	B. CO	
HOSPITAL OR ADDRESS OR LOCATION)	onon, Give sikeer	C. CITY OR TOWN (If or	tside corporote limits, writ	te RURAL and give township)
		Baltimore		2100
UNIVERSITY HOSPITAL	- DOA	D. STREET ADDRESS (If r	urol, give locotion) Lle Avenue 212	23/
5. SEX 6. RACE 7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 H
WIDOWED,	DIVORCED (specily)		lost birthdoy)	Months Doys Hours Min
Male White Mar	Tied OF BUSINESS OR INDUSTRY	Dec 2 1904	oreign country)	12. CITIZEN OF
done during most of working life, even if retired)	0-			WHAT COUNTRY?
Supt Segra	m Go	14. MOTHER'S MAIDEN N	AME	USA
Tanka Catalan				
5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT	Dorbert	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.			
118.	215-05-4476	Elizabeth K.	Geisler 3002	
422111	CAUSE	OF DEATH		ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Artor	iosclerotic ca	rdiousecular	disassa
(This does not mean the mode of dving e.g.,	DUE TO	TOSCIETOCIC CO		uisease
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)				
ANTECENDENT CAUSES				2 - 1 - 1 - 1 - 1 - 1 - 1
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)DUE TO			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
	(C)	***************************************	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR				
DISEASE OR CONDITION CAUSING IT.				**** *****
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION		No) 208. IF YES, WERE F	
21A EXTERNAL CAUSE WAS	PLACE OF INJURY (e.g., in	NO WHERE DU	O (If in Rollimore City o	ina avant langtion)
O UNDERLYING UOR CONTRIB- hom	e, form, foctory, street, of	fice bldg., INJURY OCCUR	, and a position of the city, g	ive exect tocollous
5				
OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID 1	NJURY OCCUR?	
(APPROX.)	WHILE AT NOT W	/HILE D		
22. I certify that I held an Inquiry	Inspection X Auto	psy and that on	this basis doubling	mu aslalaa
			this basis, death in	
resulted fram: Natural causes X	Accident Suicide		Undetermined mann	er
ACTUAL O	15	CHIEF MEDICAL		DATE SIGNED
SIGNATURE (haile)	A	ASSISTANT MEDICAL		10 6 65
EXAMINER'S NAME (Type) CHAS. S. PETTY		ASSOCIATE MEDICAL	EXAMINER	12-6-65
	3C. NAME of CEMETERY or	CREMATORY 231	D. LOCATION (City	, town, or county) (Stote)
Burial Dec 9 1965	Gardens of Wed	th Com	mimne Mill Ro	ad ADDRESS Md
	Gardens of Fai	24C. FUNERAL DIREC	TOR	ADDRESS
DEC 8 1965 P.P.	1.8 Ja 2 40	Dt	#1 - MITO P. 3	ola Danie
VS 151-REV. 1/1/65	A CASE COMPANY	Tribber pros	Inc 7110 Bel	air nosd

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BALTIMORE CITY HEALTH DEPARTMENT

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Registered	Na.	65	12507
		1717	E 1-11 F 1 F 1

(If outside city limits, write RURAL and give township

M.E. CASE NO.	
1. NAME OF DECEASED	
(Type or Print) Watson,	Harrie-
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND

(If rurol, give location)

9. AGE (In years

lost birthdoy)

2. DATE AND HOUR OF DEATH	05	-
12/6/05	5	PM
RESIDENCE (Where deceased lived, If institutio	n: residence before	odmission)

FULL NAME OF HOSPITAL OR INSTITUTION

6. RACE

done during most of working life, even if retired)

(If not in hospital or institution, give street

Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland

D. STREET ADDRESS

307 Seagull Avenue

Maryland

Baltimore

C. CITY OR TOWN

B. DATE OF BIRTH

B. COUNTY

21225 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours

Female Negro 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY

WIDOWED, DIVORCED (specify) Separated

7. MARRIED, NEVER MARRIED

1. BIRTHPLACE (State or foreign country)

South Carolina

14. MOTHER'S MAIDEN NAME

2. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME

Isiah Dozier

Gibson, Pauline 7. INFORMANT

ADDRESS

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO.

RECORDS: BCH 4940 Eastern Avenue

	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) Anterior Communicating	3 weeks.
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It meons the disease, injury or complication which caused death.)	DUE TO MARVYYSM	
	ANTECEDENT CAUSES	DUE TO	**************************************
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)	
NO	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		

TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) Yes

OR CONTRIBU	TING [CAUSE OF
DEATH (notify	medicol	exominer)

21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

At Work

M.D.

(If in Boltimore City, give exact location)

			exominer)	
21 D. TIAA	F	(Month)	(Doy)	(Yoot)

21 E. INJURY OCCURRED Not While

21 F. HOW DID INJURY OCCUR!

U				
AEDI	21 D. TIME OF INJURY (APPROX.)	(Month)	(Doy)	(Yeor)
~	(APPROX.)			

While At Work

				hospital)				
hat	(1) (10)	Dest.	saw the	deceased	alive	on	12 -	- 6

12 19 65 to and that in(my) ((ur) pinion death accurred on the date

and haur	and fram the	causes	stated	abave.	(1)	(Me) (Rig) (Aig	nat)	view the	bady	after	death

ınd	haur	and	from	the	causes	stated	abave.	(1)	(Me) (Pig	nat)	view
3A,	SIGN	ATUI	RE							T	

Attending Phys. Med. Director 23D. ADDRESS

Stoff Phys.

238, DATE SIGNED

Dr. Jeffrey Aaronson

23

4940 Eastern Avenue 2122

24A.	BURIAL	C RE/	MATION	. 24	B.	DATE	
	REMOV	AL (S	pecify			/	1,
	13,		-0	1/	2	110	165

24C. NAME of CEMETERY OF CREMATORY

(Stote)

25A. DATE REC'D BY HEALTH DEPT.

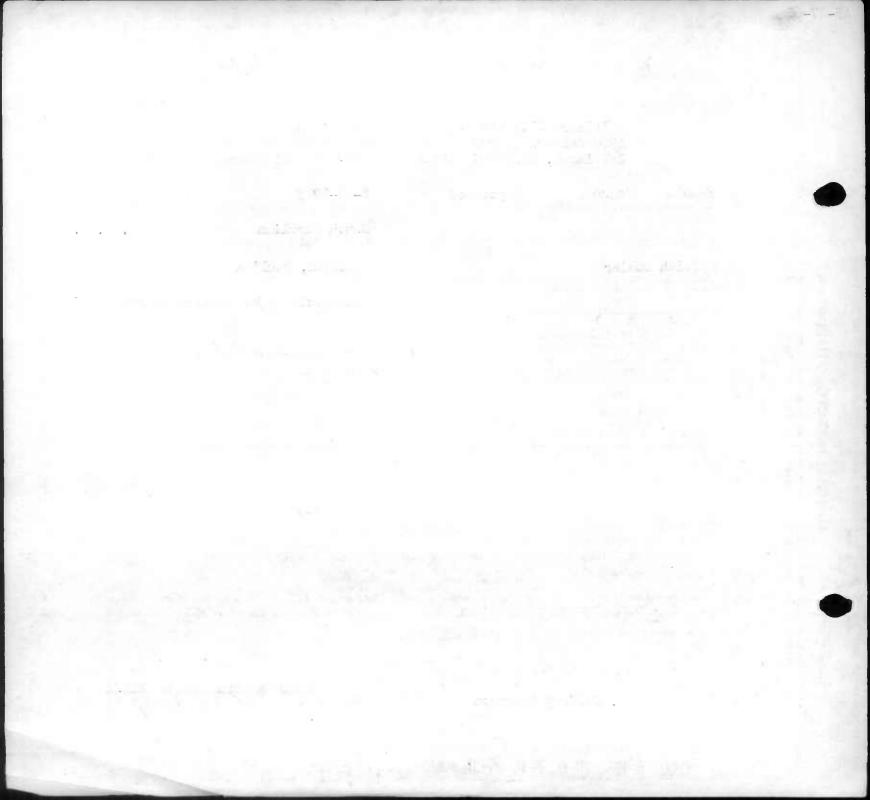
25B. NAME OF

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/65

IMPORTANT DIRECTOR: FUNERAL



if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased in regular deceased Was the direct the IMPORTANT assistant 0 death attendance any pronounced or his of fracture the chief medical examiner ar FUNERAL DIRECTOR: regul who 4 <u>e</u> physician Mas medical burns; physician (2) Body the 0 the body was released to the hospital by (except where °Z any nature; 9 approved and eath) An accident of hospital must Ō 0 0 prior 40

was D.O.A. shows: (1)

on the

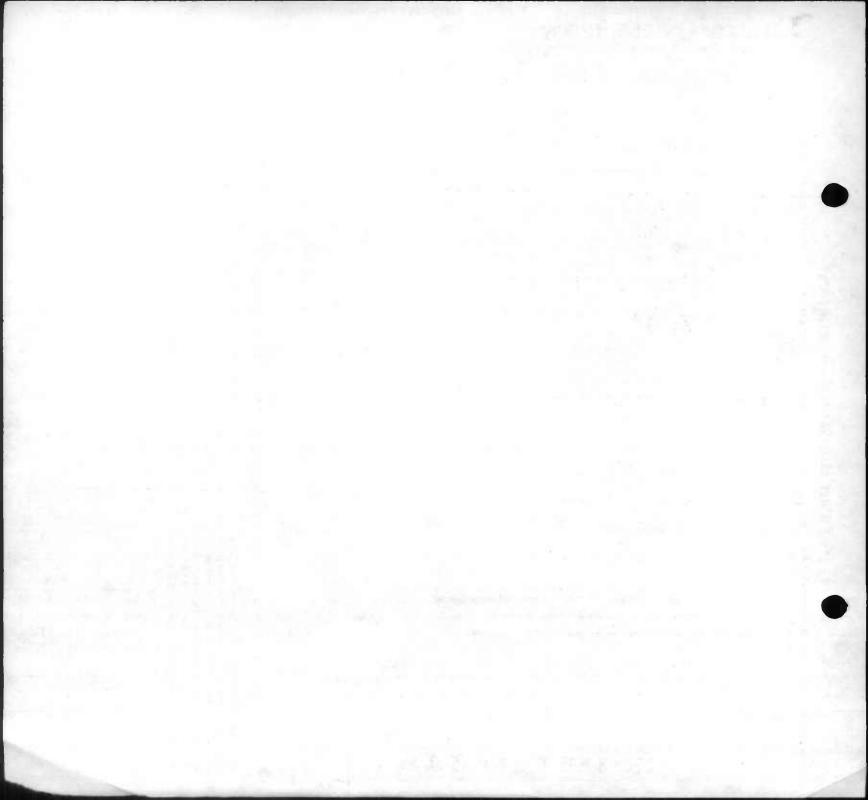
ance

attend

hospital

BALTIMORE CITY HEALTH DEPARTMENT 65 12508 Registered No. 65 12508 BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) SAMUEL NELSON RUBY -5 10 30 A death. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE C. CITY OR TOWN (If outside city limits, write RURAL and give township) FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) 0 BALTIMORE prior Dingen made 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours lost birthdoy 4-25-86 Marrie W 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even il retired) Mary land USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMAN ADDRESS 6. SOCIAL final SECURIDE NO. INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH G.F. Tract Malignancy (This does not meen the made at dying, heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED before No 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC obtained (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (+) (we) lost sow the deceased alive on... ond that in (my) (our) opinion death occurred on the date must and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23B. DATE SIGNED Attending Med. Stoff Phys. Director approval 23C. PHYSICIANT 23D. ADDRESS eceased 24A BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) decease amplen

25A. DATE REC'D BY HEALTH DEPT. . FUNERAL DIRECTOR V\$ 150-REV. 1/1/65



the chief medical examiner

assistant if

spital and of death

a hospital

contributing cause

(4) Undetermined cause;

(5) Deceased 0 Such

death.

0

prior

deceased

the

death

who pronounced are embalmed

physician

An accident of any nature; (2) Body burns;

(except where

a hospital

at

was D.O.A. shows: (1)

to the hospital by

was released

the body

regular

the remains

must be obtained before

deceased prior to death);

written approval

and (6) No physician was

disposition is mad

or final attendance

attendance

regular

gistered	No.	65	1250
grandidu	1100-		

			HEALTH DEPARTMENT		65 12509	
IRTH NO.	65 12509	CERTIFICA	TE OF DEATH	Registered No	00 12003	
NAME OF DECE		Lafayette Anderson		o. 5, 1965	10:20 P	N
FULL NAME OF HOSPITAL OR INSTITUTION	address or lacatio	or institution, give street n)	A. STATE B. COUR	NTY	URAL ond give township)	ion)
/	k. Drive & 3	ervice Hospital Elst St.	D. STREET ADDRESS (If	rural, give location)		
M.	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 9/30/24	9. AGE (In years last birthday)	Months Doys Haus Mir	
	orking lile, even if retired)	RIOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore Ohio	eign country)	12. CITIZEN OF WHAT COUNTRY?	
3. FATHERS NAM Arthur	Anderson		14. MOTHER'S MAIDEN NA Mary Dougle			
5. Was Deceased Yes, no ar unknown) yes	Ever in U. S. Armed Fo. (If yes, give was as date USA 1943-	es of service) SECURITY NO.	Records- US	PHS Hospital,	ADDRESS , Balto, Md.	
18. 201	X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	EOR CONDITION DI LEADING TO DEATH		onary edema		Hours	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pulmonary edema	Hours
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	Hodgkin*s diseaseinvolving But Tolungs, liver, pancreas. spleen, thoracic and abdominal lymph nodes	Years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Bilateral pleural effusions & cardiac hypertrophy	Days Months

CERTIFICATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED yes MEDICAL

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, larm, factory, street, alfice bldg., INJURY OCCUR? DEATH (notily medical examined etc.)

(II in Baltimore City, give exact lacotion)

21 D. TIME (Day) (Yeor) 21 E. INJURY OCCURRED OF INJURY While At (APPROX.) Wark

21 F. HOW DID INJURY OCCUR? Not While

(1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive

65 Dec. and that in (my) (aur) apinion death accurred on the date

and haur and from the causes stated abave (1) (We) (did) (did not) view the body after death.

Thomas	X	an
22C BHYSICIANES	1	

M.D. Attending Phys. Med. Director 23D. ADDRESS

238. DATE SIGNED 12/6/65

Thomas J. Lau, Surgeon (R)

M.D.

US PHS Hospital, Balto, M d.

Stoll X

BARTAN ATTEN,	24B. DATE	24C. NAME OF		- 1
BURIAL	12-9-65	KA	OK.	HILL
DUKIAL	12 100	110	011	, ,

24D. LOCATION

8 1965 P. C. & Tanky

FLUSHING, OITION
FUNERAL DIRECTOR - WIEDEFELD PRESME
6500 YORK RD, BALTO,

VS 150-REV. 1/1/65

RGB

the Such on

prior to death. attendance

	BALTIMORE CITY	HEALTH DEPARTMENT	00			
BIRTH NO. 65 12510	CERTIFICA	TE OF DEATH X Registered N	65 12510			
1. NAME OF DECEASED (Type or Print) EFFIE W.	KANTNER	DECEMBER 5,1965				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND)	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence bafara admission			
FULL NAME OF (If not in hospital or instit HOSPITAL OR address ar lacation) INSTITUTION	ution, give street	West Virginia c. CITY OR TOWN (If outside city limits, wr	ite RURAL and give township)			
		Martinsburg D. STREET ADDRESS (If rural, give locotion)				
Haven Nursing Ho	me					
3939 Penhurst Ro	RRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 Hr:			
Female White	Single (specify)	Nov. 9,1869	If Under 1 Yr. If Under 24 Hr. Months Days Haurs Min.			
10A. USUAL OCCUPATION (Give kind of work 108. KII			12. CITIZEN OF			
dane during mast of warking life, even if retired)		West Virginia	WHAT COUNTRY?			
None 3. FATHER'S NAME		14. MOTHERS MAIDEN NAME				
William H. Kantner		Margaret M. Wile	n			
15. Was Deceased Ever in U. S. Armed Forces?	II 6. SOCIAL	17. INFORMANT	ADDRESS			
(Yas, na arunknawn) (If yes, giva war or dotes af se No	vice) SECURITY NO.	Dr. Leahmer M. Kantne	er 2016 Park Ave			
1B. 4 5 O. O	CAUSE O		INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY		0.	ONSET AND DEATH			
LEADING TO DEATH		Sand En the Old	age .			
(This does not mean the mode of dying,	e.g., DUE TO					
heart lailure, asthenia, etc. It means the dis	sease,	es 0 0 000				
ANTECEDENT CAUSES	(B)	Suprember of Ester	www.			
DISEASES OR CONDITIONS, if any,	DUE TO	/				
rise to the obove cause (A) stoling						
UNDERLYING CONDITION last.	***************************************					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify modical examine)	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, at etc.)	n ar obout 21C, WHERE DID (If in Balti ffice bldg, INJURY OCCUR?	mora City, giva exoct lacation)			
OF INJURY (Manth) (Day) (Year) (Haur	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX)	While At Not While Work At Work					
22. I certify that (I) (this hospital) atten	ded the deceased from	True 1964 to 1	2-5 1965			
that (I) (we) last saw the deceased alive	1	7 19 6) and that In (my) (aur)				
and haur and from the causes stated abo	/	/	opinion doctin deconred an ine do			
23A. SIGNATURE	CALL STATE	Tew The budy offer death.	23B. DATE SIGNED			
D Harry &		ending Med. Stoff	10-5-65			
73C, PHYSICIAN'S	Phy	S. Director Phys. 23D. ADDRESS	12 0			
723C. PHYSICIAN'S NAME (Type)			Ave Bolto Ma			
	G. Abbott M.D.	4509 Liberty Heights				
REMOVAL (Spacify)		MATORY 24D. LOCATION	(City, town, or county) (State)			
Burial-Transit 12-8-6	Green Hill	Martingbur	g. West Virginia			

Green
258. NAME OF REGISTRAR
CLASSES AND CONTROL OF CON

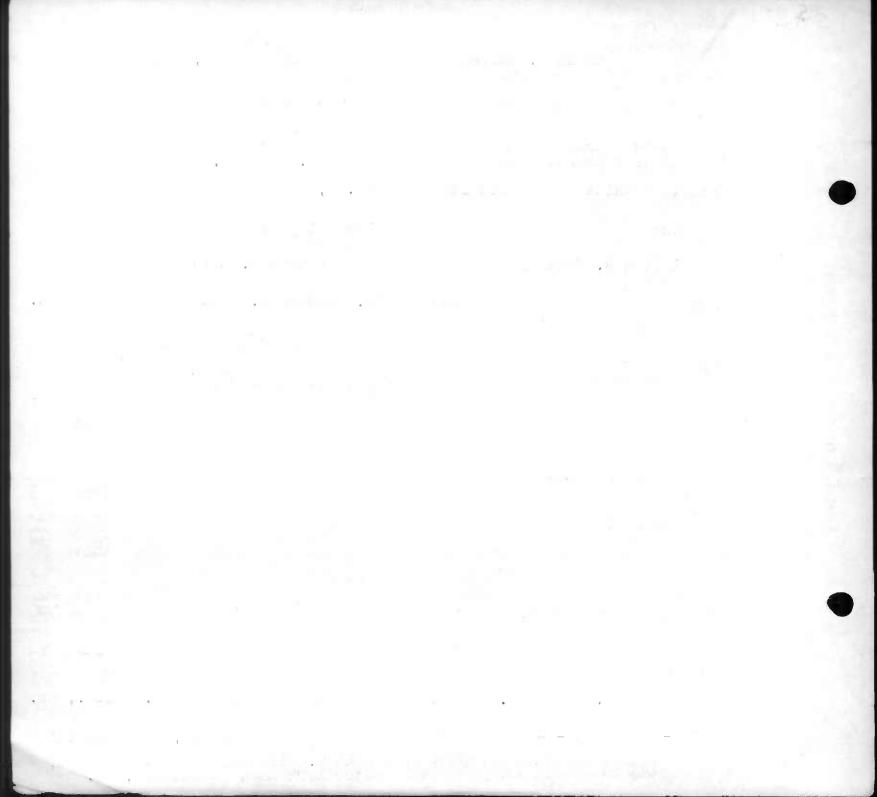
12-8-65

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

(City, town, or county) Martineburg, West Virginia

25C. FUNERAL DIRECTOR
JOHn 10. Mitchell & Sons-Wiedefeld,
6500 York Road Baltimore, Md.

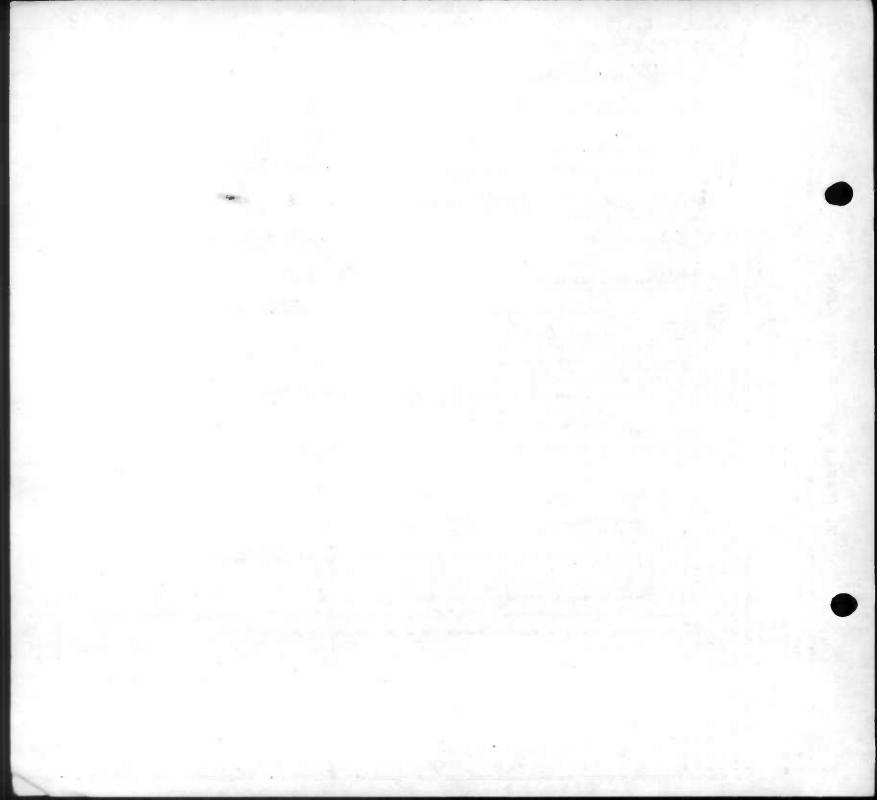


		,	1	-		1	
S	44	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🗸	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
		l in a hosp	ng cause	(5) (esnp)	attendance	ior to dea	
•	D	th occurred	contributi	etermined	n regular	sceased pr	on is made.
	INT	ant if deat	direct or	d; (4) Und	ath was in	on the de	I dispositio
	FUNERAL DIRECTOR: IMPORTANT	or his assist	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	e of any kin	onuced de	attendance	written approval must be obtained before the remains are embalmed or final disposition is made.
	ECTOR:	examiner	xaminer.	3) A fractur	who pron	n regular	are embali
	ERAL DIR	ef medical	medical e	dy burns; (3	physician	cian was ii	ne remains
	FUN	by the chi	pital by a	ure; (2) Boo	where the	No physi	d before t
•		e approved	I to the hos	of any nat	tal (except	th); and (6	be obtaine
		ate must b	as released	n accident	at a hospit	rior to dea	roval must
		This certific	he body w	shows: (1) A	was D.O.A.	deceased p	written app
			-	41	-	-	200

	BALTIMORE CITY HEALTH DEPARTMENT
1	IRTH NO. 65 12511 CERTIFICATE OF DEATH Registered No. 65 12511
(Type or Print) LOUIS SLOMBA 2. DATE AND HOUR OF DEATH 12/6/65
84	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decreased lived. If institution: residence before admission) A. STATE B. COUNTY TO A through the control of the contro
1	UNIVERSITY HOSPITAL D. STREET ADDRESS (If Jurol, give location) 7916 BRIDGE AVENUE
	7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months: Doys Hours Min.) OA. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF
	HAND SLITTER Steel-Tim Prochets Co. Maryland WHAT COUNTRY? HAND SLITTER Steel-Tim Prochets Co. 14. MOTHER'S MAIDEN NAME
1	JOHN SLOMBA CLAICA ZABAWA 5. Wos Deceased Ever in U. S. Armed Forces? [16. SOCIAL 17. INFORMANT ADDRESS
	(es, no or unknown) (If yes, give wor or dotes of service) 213-05-9048 Frances T. Slomber 79/6 Bridge Here
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH ONSET AND DEATH (A) CONSET STILE HEART FAILURE
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DUE TO DUE TO DUE TO DUE TO
2	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. CORONARY HEART DISEASE
	OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE BRONCHO PNEUMON IA.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact locotion)
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeoi) (Hout) 21E. INJURY OCCURED While At Work At Work
	22. I certify that (1) (this hospital) attended the deceded fram 1965 to 1965 to 1965 that (1) (was loss sow the deceased alive on 1965 and that In(my) (on) opinion death occurred on the date and hour ogd from the causes stated above. (1) (Was (did not) view the body ofter death.
	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED
	23C. PHRISTAN'S NAME (Type) BRUCE A. BRIAN M.D. 23D. ADDRESS University Lasgital
	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City Idwn) or county) SEMOVAL (Specify) 12-10-65 Holy Research Commentery Part Tourne 10 (City Idwn) or county) 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C PUNERAL DIRECTOR 1 ADDRESS 1
	DEC 8 1965 Report Enterly Philipt Evech 1211 Chosaco Hura

LHTHROW THASAINE 1916 PARIDER PRESENT w w 7/22/08 57 HAND SENTIFE JOHN SLOM DA CLARCH ZADAG T CENTER THAT THEY Occide CEARL HALLING PROSE THE SHARE HELT S. HODGE IN'S DISERSE BREDWORK PARLIPILLA PA Commission of Hoppital PROCE A. BRIAND

	0= 105	0.1	BALTIMORE CITY	HEALTH DEPARTMENT		05 49549
BIRTH NO.	65 1253	12	CERTIFICA	TE OF DEATH	Registered No	. 65 12512
M.E. CASE NO	DECEASED			2. DATE	AND HOUR OF DEATH	н
(Type or Print)	Willie A. He	rt		Decen	ber 3, 1965	institution: residence before admissio
3. PLACE OF	DEATH IN BALTIMORE	MARYLAND		4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If UNTY	institution: residence before admissio
FULL NAM HOSPITAL INSTITUTIO	OR oddress or lo	spital or institu (cation)	tion, give street	C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
0	346 E. 22nd Baltimore,			Baltimore D. STREET ADDRESS	(If ivial, give location)	
	par cimore,	Mar yran	id zizio	346 E. 22nd	Street	
5. SEX Female	6. RACE	WID	RIED, NEVER MARRIED OWED, DIVORCED (specify) dowed ID OF BUSINESS OR INDUSTRY	0ct 16, 1903	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
	CCUPATION (Give kind of st of working life, even if rel		ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of f	oreign_country)	12. CITIZEN OF WHAT COUNTRY?
ouse Wi	fe			North Caroli	na IAME	USA
· or i Ailliek 3	117776					
	osed Ever in U. S. Arms		1 6. SOCIAL	Daisy Garri	son	ADDRESS
res, no or unkn	nown) (If yes, give war o	r dotes of sen	SECURITY NO.	Mary Shave 2	Old Vannader	Attonica
18.4	4 DXY	1-74	CAUSE C	F DEATH	oro venueda	INTERVAL BETWEEN
DIS	SEASE OR CONDITION	DIRECTLY		/ 4		ONSET AND DEATH
	LEADING TO DE		(A)	rebro Vascul estensine Card	in accedan	+
	es not mean the mad		e.g., DUE TO			
	ure, osthenio, etc. It m		eose,	-1	1 . 1 .	
(0.7)	ANTECEDENT CA		(B) / A/A	estensine Card	co Vascular D.	uene
			001 10//	### 0 ## 0m7 = 6 6 6 6 m		
	S OR CONDITIONS,		at the second se			
	the obove cause YING CONDITION las		the (C)			
01100111						
Z		CONTRIB	HITING			
	IGNIFICANT CONDITION		O THE	i. Carcin	mal	
DISEASE	OR CONDITION CAUS	ING IT.				
19A. DATE	E OF OPERATION 198.	CONDITION S PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	IDENT WAS UNDERLY	NG 🗍	21B. PLACE OF INJURY (e.g., home, faim, factory, street, etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR	(If in Boltime	ore City, give exact location)
OF INJUR	E (Month) (Doy)	Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)			White At Work At Work			
22. L car	eify that (1) (this-has	mital) otten	ded the deceosed from	1 DALLARY	19/3 10 /	MARCH 1965
				. /		
thot (1) (wat lost sow the dec	easea olive	an VIII VIII CA	ond	that In (my) (que) o	pinion death occurred on the
ond hour	ond from the couses	stoted abo	ve. (1) (We) (did) (did not)	view the body after deat	h.	
23A. SIGN	TATULE	.10	,			23B, DATE SIGNED
	1	Holy	M.D. At	ending Med.	Stoff Phys.	12/6/65
23C. PAYS	ICIAN'S		111	23D. ADDRESS	тпуз. 🗀	10/0/00
NAN	AE (Type)	/ /				2
V	1esse /.	HO/1	M.D.	508E	North	AUE,
24A. BURIAL REMOV	CREMATION, 24B. DA'	TE 2	4C. NAME of CEMETERY OF CE	EMATORY 24D	LOCATION (City, town, or county) (State
Buria	1 12-7	-65	Mt. Auburn Ceme	tervB	altimore, Ma	ryland
	EC'D BY HEALTH DEPT.	CE 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
	שבני סוג	المال	MAN CONTRACTOR	Arlington	Phillips	1727 Monroe St.
VS 150-REV.	1/1/65					



on the

of death

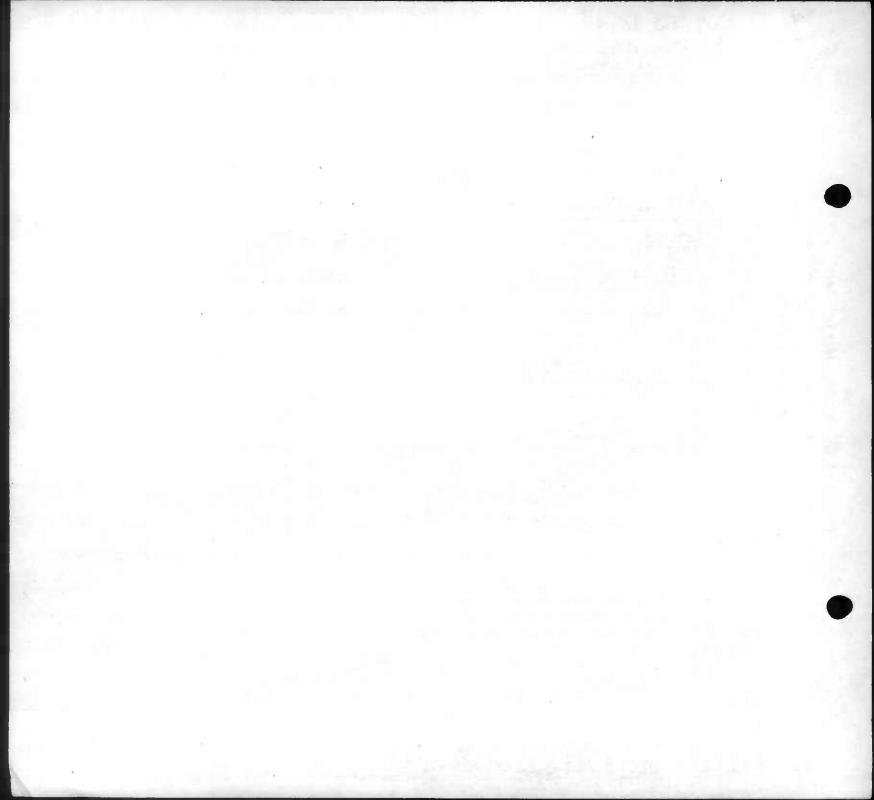
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to death. attendance

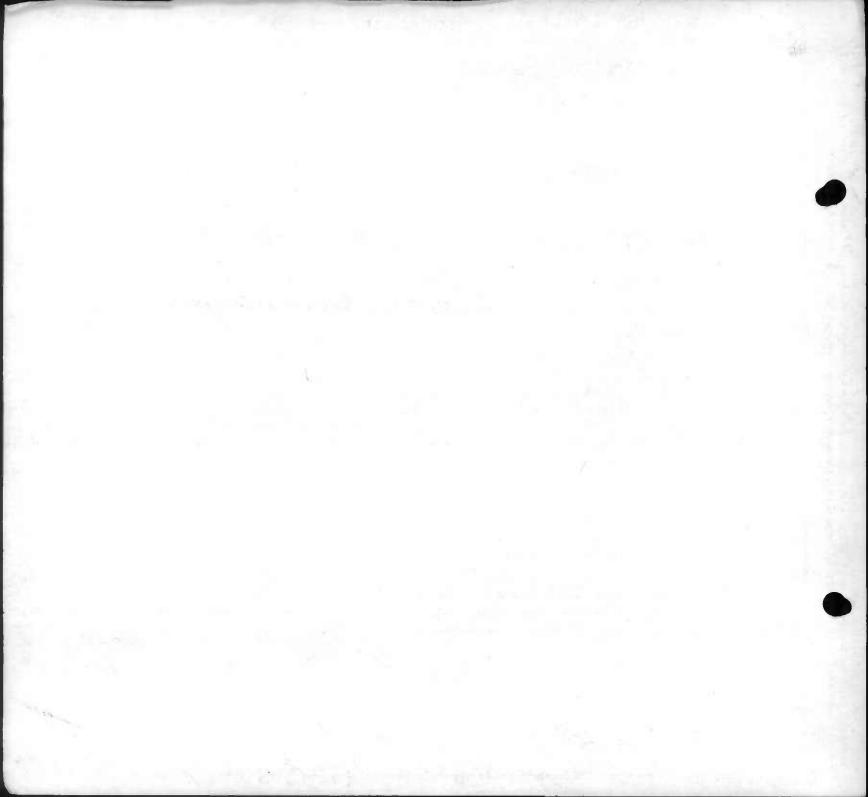
٦	DE 49549 BALTIMORE CITY	HEALTH DEPARTMENT	CE 40540						
- []	BALTIMORE CITY CERTIFICA	TE OF DEATH Registered No.	65 12513						
- 11	.E. CASE NO.								
	1. NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH							
		Docombon / 1065	M.						
	Oliver Strawn 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Whore doceosed lived, Irins A. STATE B. COUNTY	titution: residence before admission)						
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland C. CIT OR TOWN (If outside city limits, write RURAL one tive township)							
-11	2330 N. Monroe Street	Baltimore	10-04						
1	Baltimore, Maryland 21217	D. STREET ADDRESS (If rurol, give location)							
		2330 N. Monroe Street							
	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
	Male Negro Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	Oct. 18, 1886 79							
	(IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?						
	Retired	Baltimore Maryland	USA						
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Louis Strawn	Unknown							
	5. Was Doceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS						
	No	Walter Strawn 2330 N. Mor	rpe Street						
-11	18. / 9 9 2 1 CAUSE O	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY	+++ A.	Comos						
	LEADING TO DEATH	lastance varciniona	130 7.202						
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death,)								
П	ANTECEDENT CAUSES (8)								
	DUE TO		**************************************						
	DISEASES OR CONDITIONS, if ony, giving								
	UNDERLYING CONDITION lost.	***************************************	***************************************						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i. 21B. PLACE OF INJURY (e	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?						
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n of about 21 C. WHERE DID (If in Rollings)	City, give exect locotion)						
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or etc.	ffice bldg., INJURY OCCUR?	City, give exact locosion/						
	D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
	OF INJURY (APPROX.) While At Not While At Work At Work								
	22 1	Fuer 2 10/55	1						

and that In(my) (aur) opinion deoth accurred an the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director Staff Phys. M.D. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Baltimore, Maryland 12-8-65 C 8 1965 Park Arbutus Mem.

258. NAME OF REGISTRAL ADDRESS Phillips 1727 Monroe St. VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT 65 12514 Registered No. RTIFICATE OF DEATH BIRTH NO. pital and of of death Deceased Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) death. 3. PLACE OF DEATH IN BALTIMORE, MARY AND ance A. STATE B. COUN (If not in hospital or cause; (5) institution, give street contributing cause FULL NAME OF HOSPITAL OR oddress or location) OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION attend .= prior D. STREET ADDRESS (If rurol, give logation) etermined regular DOL 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Il Under 1 Yr. Months: Doys eceased Hours WIDOWED, DIVORCED (specify) lost birthdow DEARC 3 moun 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACL State or foreign country 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) E US (4) Und ŏ Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the EN death LO 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMAN ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any INTERVAL BETWEEN pronounced 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (This does not meon the mode of dying, e.g., embal hearl foilure, asthenia, etc. It means the disease, 20 FUNERAL DIRECTOR: injury or camplication which caused death.) DB ANTECEDENT CAUSES who DUE TO 4 DISEASES OR CONDITIONS, if any, giving (3) rise to the above cause (A) stoting the physician UNDERLYING CONDITION lost. remains WOS ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE None On DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? Ü 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital °Z AL DEATH (notily medical examiner) any nature; MEDI ained (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) and Work At Work 22. I certify that (1) (this hospital) attended the deceased from ond that in(my) (our) opinion deoth occurred an the date that (1)((we)) lost sow the deceased alive an. eath) o hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. the body was released must 23A, SIGNATURE 23B. DATE SIGNED M.D. Attending Phys. Med. Director Stoff 10 Phys. approval O 23D. ADDRESS 23 C. PHYSICIAN'S prior at NAME (Type) M.D. d 24A. BURIAL CREMATION. 24B, DATE 24D LOCATION eceased o REMOVAL (Specily) decease Ö Was 25A. DATE REC'D BY ADDRESS VS 150-REV. 1/1/65



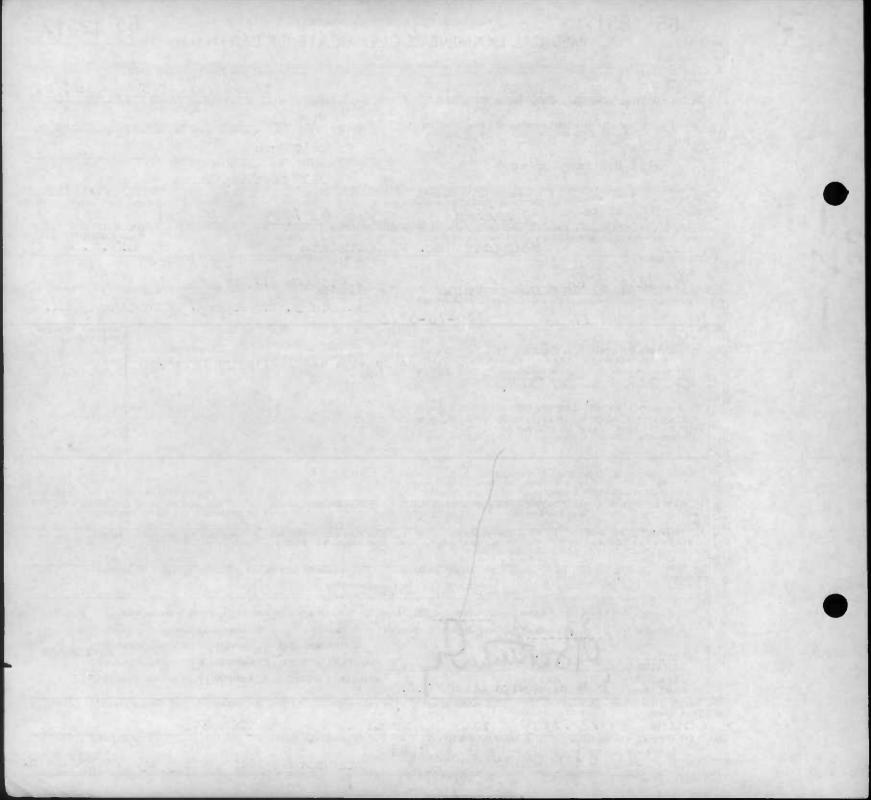
BIR	TH NO. 65 125 MEDI	CAL EX	AMINER'S CI	ERTIFICATE OF D	EATH Register	ed No. 12313		
-	E. CASE NO.							
1. (Tv	NAME OF DECEASED		A	2. DATE AND	HOUR PRONOUNCE			
,,,	CO	RNELIA	A ERBY		12/7/	65 7:30 a.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where	deceosed lived. If instit	tution: residence before admission		
				Maryland		NTY		
FU	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOWN (II outside		RURAL and give township)		
IN:	TITUTION					16		
1				Baltimon		0		
0				D. STREET ADDRESS (If rurol,	give location)			
	1812 E. Fede	ral St.		1812 E.	Federal St.			
5.		7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 Hrs		
			DIVORCED (specify)		lost birthday	Months Doys Hours Min.		
	female colored		dow	7-9-1920	45			
	e during most of working life, even il retired)			11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
	abor	America	an Sugar Co.	Baltimore, Md.		USA		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
	James Edward Norma			77 - 1				
-				Helen Marine				
	WAS DECEASED EVER IN U.S. ARMED s, no or unknown), (If yes, give wor or date		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS		
1	no		213-14-5438	Owner Ewhy Tw	1010 F F-	Jamal Ca		
-				Ornat Erby, Jr.	1012 E. re			
	18. 7 9 7 6 X		CAUSE	OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DI	RECTLY						
	LEADING TO DEATH		Gunsho	t wound of head				
	(This does not mean the mode of heart failure, asthenia, etc. It means	dying e.g.,	DUE TO					
	injury or complication which coused	deoth.)						
	ANTECENDENT CAUSE		(B)					
	DISEASES OR CONDITIONS, IF A		DUE TO					
	UNDERLYING CONDITION LAST.	TAMES INC.						
Z			(C)					
임	II II							
1	OTHER SIGNIFICANT CONDITIONS							
문	TO THE DEATH BUT NOT REI		HE					
CERTIFICATION	19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OOR IF VES WEDE EIN	DINGS CONSIDERED		
빙	WAS PER		THE OF EXAMEN	yes	IN CESTIFYING CAUS	ES OF DEATH?		
ب	2							
S	21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB-	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID () Mice bldg., INJURY OCCUR?	f in Boltimore City, giv	e exoct location)		
EDIC	UTING CAUSE OF DEATH.	etc.)	home	- 0	Federal St.			
M	21 D TIME (Month) (Day) (Year	. (1)	TE, INJURY OCCURRED	21F. HOW DID INJU		<u></u>		
	OF INJURY	pp.						
	(APPROX.) 12 7 65 5:	15 a.m.	VHILE AT NOT	ORK shot self :	in head			
	22.							
	I certify that I held on I	nquiry 🔲	Inspection Aut	opsy X ond that on this	s bosis, deoth in m	y opinion		
	resulted from: Natural con	uses A	ccident Sulcid	e X Homicide U	ndetermined monne	er 🗌		
	@idd baryfirt			CHIEF MEDICAL EX	AMINED			
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED							
	SIGNATURE CONTACT	0, 61	- 500 CM.D.	ASSISTANT MEDICAL EX	AMINER 🗀	12/7/65		
	EXAMINER'S		1 -	ASSOCIATE MEDICAL EX	AMINER	12/1/05		
	NAME (Type) Werner [J. Spitz	, M. D.					
	BURIAL CREMATION, 238 DATE	23	C. NAME of CEMETERY	CREMATORY 23D. LC	CATION (City,	town, or countyl (State)		
RE	MOVAL (Specify)					1/		
	Burial 12-11		Carver Memoria	al Park Ba	ltimore, Md			
24	A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	DIC FILLIAND AL DISCOURS	1735 Harfor	ADDRESS		
	DEC 8 198	500	Br E Stranger M	Marchall W	longs Ix	d Ave.		
	D M, O 100	1 APAR	N. C. C.	Marshall W. J	ones, JI.			
VS	151-REV. 1/1/65	9 14	0 2 0					

R.	6501
70	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	ospital o of c 5) Dece nce or eath.
	cause use; (‡ tenda
	outing ed ca ar at prior
•	occur ontrik ermin regul
	death Undet as in e dec
N	directly (4)
ORTA	assistif the my kin de declare
IMP	Also, e of a tounce
OR:	iner. ractur pro
RECT	exam 3) A f n who
IL DI	edical dical urns; (ysicial was
FUNERAL DIRECTOR: IMPORTANT	a me ody b he ph sician
5	the classification by (2) B (2) B here to phy
	hospit nature pt wh (6) N
•	o the any r (exce
	st be a used t ent of espital death)
	s relect accid
	fy was (1) An O.A. a
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased pri
	u > 0

	BALTIMORE CIT	Y HEALTH DEPARTMENT	05 105.			
BIRTH NO. 65 12516	CERTIFICA	ATE OF DEATH Registered No.	65 12516			
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	Н			
(Toronto Dilan)	C. Bryan	Dec. 7. 1965	111:20 A.			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Degare	4. USUAL RESIDENCE (Where deceased lived, II	institution: residence belore admission			
		A. STATE B. COUNTY	901			
FULL NAME OF (If not in hospital or instit	tution, give street	Md.	1-00			
INSTITUTION		C. CITY OR TOWN (Il outside city limits, write	RURAL ond give township)			
D N (1 1 C.	,	Baltimore				
2327 N. Charles St.	reet	D. STREET ADDRESS (If rurol, give location)				
		2926 Harford Road				
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.			
	vidowed	10-16-1894				
OR USUAL OCCUPATION (Give kind of work 108, KI		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF			
done during most of working life, even if retired)		A1 1 1	WHAT COUNTRY?			
Housewife		Maryland	USA			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Hanny Gniddin		Alice Drebin				
Harry Griffin 5. Wos Deceosed Ever in UDD Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS			
(Yes, no or unknown) (II yes, give wor or dotes of se		M O IICI.I	5000 C: 1 A			
no	216289393	Mrs Donald Salisbury	5000 Supple AV			
18. 4 2 2 21		OF DEATH	ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	20	ryocarditis -				
LEADING TO DEATH	(A)	ajoesames	Months			
(This does not mean the made of dying, heart failure, asthenia, etc. It means the di		/	~			
injury or complication which coused death.						
ANTECEDENT CAUSES	(B)	**************************************				
DISEASES OR CONDITIONS, if ony, giving						
rise to the obove couse (A) stoling the (C)						
UNDERLYING CONDITION Iosi.						
II II						
O THE SIGNIFICANT CONDITIONS CONTRIL	BUTING //	nd of nt. breast t nt. as	m. 1 uresto			
DISEASE OR CONDITION CAUSING IT.	" Hemator	nd for or to test	i a a c			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?			
E O none	none.	NO	Additional Death.			
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltima office bldg., INJURY OCCUR?	ore City, give exoct locotion)			
DEATH (notily medical examined)	etc.)	onice blags, INJOKI OCCOK:				
O 21D. TIME (Month) (Doy) (Yeor) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
S OF INJURY	While At Not Wh					
(APPROX.)	Work At Work					
22. I certify that (I) (this hospital) atter	ided the deceased from	200 7 1965 10 D	1965			
that (I) (we) last sow the deceased oliv	^ -	19 6 5 ond that in (my) (our) o				
			pinion death occurred on the c			
and hour and from the causes stated abo	ove. (I) (We) (did) (did not)	view the body ofter deoth.				
23A. SIGNATURE			23B. DATE SIGNED			
Tranke U. Ogd	en M.D. Al	tending Med. Stoll Phys.	Que 8, 1965.			
23 C. PHYSICIAN'S		23D. ADDRESS	011161			
NAME (Type)	EAT MA	0 7				
FRANK NOGO	II IV to	1 210 N. Calver	City, town, or county) (State			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME OF CEMETERY OF C		A			
burial 12-11-65	Mt. Olivet (emetery Baltimore,	Md.			
25A. DATE REC'D BY HEALTH DEPT. 25B. N		25C. FUNERAL DIRECTOR				
- 1005 0	AME OF REGISHBAR	25C. FUNERAL DIRECTOR	ADDRESS			
DEC 8 1965 102 0	AME OF REGISTRAR	Leonard J. Ruck Inc	Baltimore. Md.			
DEC 8 1965 QUE	But En Farber M. A	Leonard J. Ruck Inc	Baltimore, Md.			



	65	12517			BALTIMORE CITY HEA				65 12517
BIRT	H NO.		MEDI	CAL EX	AMINER'S C	ERTIFICA	TE OF [DEATH Registe	ered No
_	CASE NO.						10.00		250 0540
(Ty	NAME OF DEC		N D 37 T	OBMITO				HOUR PRONOUNC	
3. \$	LACE IN BALT		ARRY H		INCED DEAD	4. USUAL RESID		ecember 7, 1	1965 8:05 P _M .
,	LAGE III BALL					A. STATE	aryland	B. COI	UNTY
HO	L NAME OF	(IF NOT IN	OR LOCA	L OR INSTITUTION)	TION, GIVE STREET			carparate limits, writ	e RURAL and give township)
INS	TITUTION					Ва	altimore	2	7-05
2	31	39 North	nway D	rive		D. STREET ADD	RESS (II rurol,	give lacotion)	
						3:	139 Nort	hway Drive	
5. 5	EX	6. RACE			NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRT	тн	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months, Days, Haurs, Min.
1	male	white	е	Mar		July 6,	, 1905	60	
	USUAL OCCL			TOB. KIND OF	BUSINESS OR INDUSTR	RY IT. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
UUII	(lerk	ruiking ine, even	ii remedi	Veter	ans Adm.	Maryla			U.S.A.
13.	ATHER'S NAM	1 E				14. MOTHER'S A	AAIDEN NAM	,	
	Phil	lip J.1	Hoeni	Q			rine Ho	reck	
	was DECEASE , na or unknown		S. ARMED var ar dates		SECURITY NO.	17. INFORMANT	7 4	ania 2120	Northway Dr.
	Ues	ulli	11		220-18-621	& Dewic	2 3. 110	reing 5157	Two tataleg Bre.
	18. 44 4.	2 Y			CAUS	E OF DEATH	9 7 1 5	2-2-7	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR COND		ECTLY					
	(This does n	LEADING TO		dvina e.a.	(A) Hyper	tensive c	ardiovas	cular disea	ase
	heart loilure,	, asthenia, etc. mplication which	It means	the disease,	DUE 10				
			NTECENDENT CAUSES OR CONDITIONS, IF ANY, GIVING OUE TO				••••		
	RISE TO TH	E ABOVE CAL	JSE (A) ST	ATING THE	500 10				
Z					(C)				
E		li .							
3		DEATH BUT							
CERTIFICATION		R CONDITION			WHICH OPERATION	20A ALITOPS	Y2 (Yee or No)	DOR IF YES WEDE F	INDINGS CONSIDERED
S	DATE OF	OFERATION	WAS PERF		WINCH OFERATION		1. (163 01 110)	IN CERTIFYING CAU	
7	21 A. EXTERNA	L CAUSE WA	S	21 B.	PLACE OF INJURY (e.g.	, in ar obout 21C.	WHERE DID	(II in Baltimare City, g	give exact location)
EDIC,		OR CONTRIB-		hame etc.)	, lam, loctory, street,	olfice bldg., INJUI	RY OCCUR?		
ME	21D TIME	(Month) (D	ay) (Year)	(Hour) 2	TE. INJURY OCCURRED	21F. H	ILNI DID WOI	JRY OCCUR?	
	OF INJURY	171011111				WHILE			
	22.			m. V		WORK L			
		tlfy that I he	1	nquiry 🔲	Inspection XX A			is basis, death In	my aplnion
	resul	Ited from: No	o ural cou	ses XX	Accident Suici	de Homic		Undetermined monr	ner
	ACTUA	. (110	1711) 4		MEDICAL EX	Acres 1	DATE SIGNED
	SIGNAT		100	er aus	my G M.I	D. ASSISTANT			12-8-65
	EXAMIN		diger	Breiter	necker, N.D.	ASSOCIATE	MEDICAL E	XAMINER	12-0-03
23/	NAME (. , , , ,	DATE		C. NAME of CEMETERY	or CREMATORY	23D. L	OCATION (City	y, tawn, or county) (State)
RE	MOVAL (Specil		2/11	165	Halu Radan	mah	R	altimore	Md 1
24	DUTLAL A. DATE REC'D		2/11/		Holy Redeel		RAL DIRECTOR	accomorce	ADDRESS
	, DAIL REG D		1965		5 E. Frinder, M.			0 1 0	
		DEC 8	1303	Motreil) C' (Choch,	Leon	ard y	Ruck Inc	5305 Harford Rd.
VS	151-REV. 1/1/	/65		7	5 5 0 0		2 0		



VS 150-REV. 1/1/65

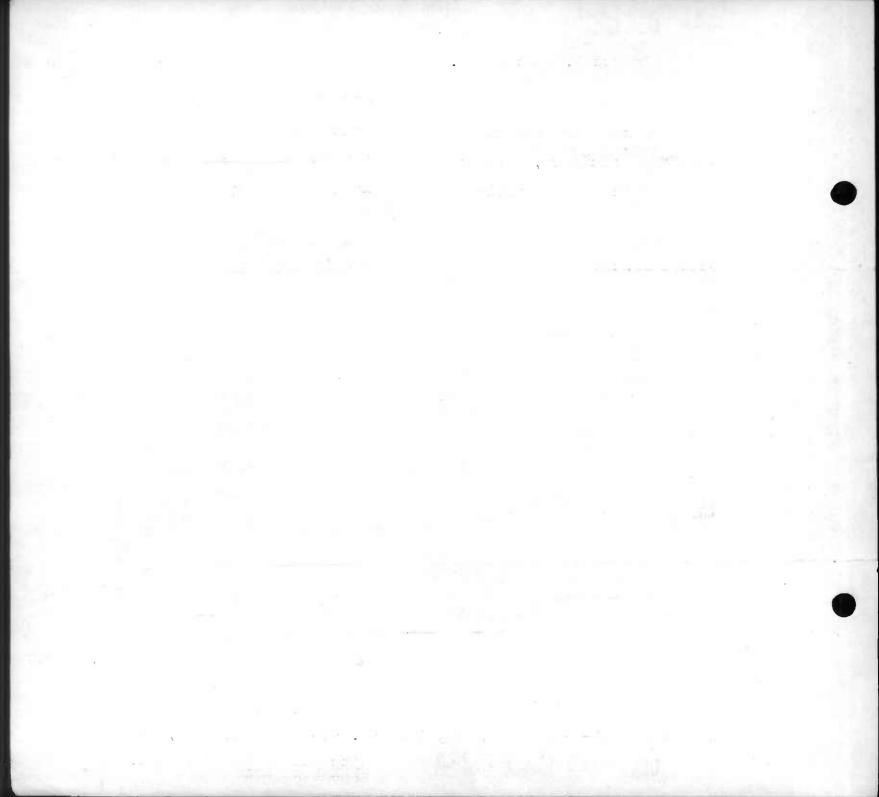
	BALTIMORE CITY HE	ALTH DEPARTMENT		0=
MRTH NO. 65 12518	CERTIFICATE	E OF DEATH	Registered Na	65 12518
(Type or Print) Edward H.	Schneider	Dec. 7	, 1965	11 A. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. A.	USUAL RESIDENCE (Where state B. COUNTY	deceased lived. If insti	tution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give notification) INSTITUTION		Md. CITY OR TOWN (If outside	de city limits, write RU	RAL and give township)
3011 Evergreen Ave.	D.	STREET ADDRESS (If rure	ol, give location)	t-
5. SEX 6. RACE 7. MARRIED, NE	EVER MARRIED B. C	DATE OF BIRTH 19.	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
male white marr	DIVORCED (specify)	lug. 5, 1897 los	t birthdoy)	Aonths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BL done during most of working life, even if retired)	JSINESS OR INDUSTRY 11.	BINTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Penna. R. R.		Maryland		1154
13. FATHERS NAME	14.	MOTHERS MAIDEN NAME		CAN I
Jacob Schneider		Mary Michae	l.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	Security No.	INFORMANT		ADDRESS
no	716123483 M	Irs Anne E. S.	chneiden	same
18.581.01	CAUSE OF D	EATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	, 1	7.1		A R LA
(This does not mean the made of dying, e.g.,	(A) / Y	epalic Coma	<i></i>	& now.
heart failure, osthenia, etc. It means the diseose,	000 10		0.	
injury ar complication which coused deeth.) ANTECEDENT CAUSES	(B)	irrhoses of	Liver well	15 years
	DUE TO	pleuraleppuse	in & asciti	Ž.
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the	(C)	+ bleeding e	sophageal	
UNDERLYING CONDITION 1051.	AAAAAAQ HIII Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	varites	2/,	0 u
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				150000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PL	ICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
	ACE OF INJURY (e.g., in or form, foctory, street, office	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
OF INJURY (APPROX.) While Work	At Not While At Work			
22. I certify that (I) (this hespital) attended the that (I) (we) last saw the deceased olive an ICA)	35554354 110111		64 ta	Dec 1965,
			in(my/ Leer/ opinic	an death accurred an the date
and haur and fram the causes stated abave. (1) (1)	ee) (and) (did nat) view	the bady after death.	In	3 B. DATE SIGNED
The Marine	M.D. Attendin	Med. Sto		70 10/0/
23C. PHYSICIAN'S		ADDRESS /	y s	10001900
NAME (Type)		"5017 H	4 Lard Mr.	and balla Mil
Thomas J. Brennan 24A. BURIAL CREMATION, 124B. DATE 124C. NAM	M.D.	2 1/ 1/4	you or	21214
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY OF CREMA	TORY 24D. LOC	ATION (City,	lown, or county) (State)
burial 12-10-65 Holy	Redeemer (emetery Bas	ltimore, M	d.
DEC 8 1965 Record by Health Dept.	REGISTRAR	25C. FUNERAL DIRECTOR	Ruch One B	altimore, Md.
PEO O 1000 (III) CALL		Leonatu,	MUK FILL D	accomorce, mas

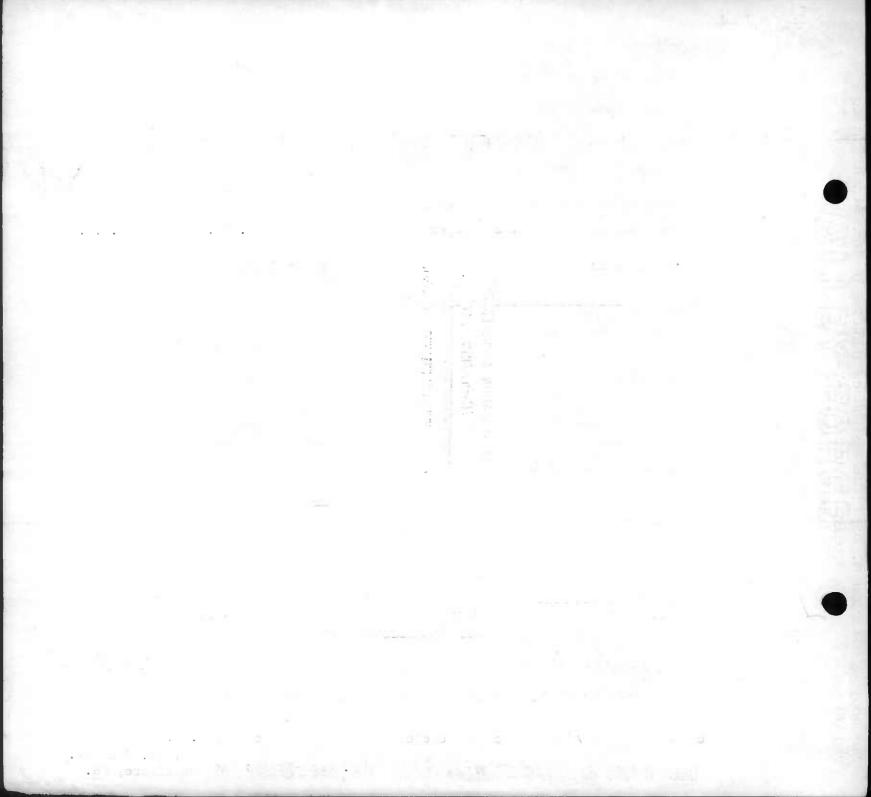


a hospital and

BIRTH NO. 65 12519 CERTIFICA	TE OF DEATH Registered No.	65 12519
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Robert A. Foster Rev.	2. DATE AND HOUR OF DEATH DECEMBER 6, 1	965 3 30/p
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in	
	Maryland /	3-07
FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write I	RURAL and give township)
Roland View Towers	Baltimore	give to the same
	D. STREET ADDRESS (If rural, give location)	
Roland Avenue TKXXXXXX Baltimore, MMaryland	273 Stanmore Road Ro	land View Tower
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hr. Manths; Days Haurs; Min.
Male White WidowED, DIVORCED (specify) Married	4-20-88 lost birthdoy) 67	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Foster	Lennie Roudles	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
18. CAUSE C	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	CUMATIC HEART DISEASE	45 YRS
ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise In the above cause (A) stating the UNDERLYING CONDITION last.		
A DISEASE OR CONDITION CAUSING II.	E ARTERIOSCLEROTIC HEART	DISEASE -
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CA	FINDINGS CONSIDERED
	NO	OSES OF DEATH:
La Company of the Com	in or about 21 C. WHERE DID (If in Baltimore	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) Cause OF Cause OF	in or about 21 C. WHERE DID (If in Baltimore of the bidg., INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 218. PLACE OF INJURY (e.g., hame, form, foctory, street, cetc.) 219. TIME (Month) (Day) (Year) (Hour) 218. INJURY OCCURRED While At Not White At Work	in or about 21 C. WHERE DID (If in Baltimore of the bidg., INJURY OCCUR?	City, give exact location)
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 21E. INJURY OCCURRED While At Not White At Work 22. I certify that (I) (His India) ottended the deceased fram	in or about 21 C. WHERE DID (If in Baltimore in particle bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	EMBER 6 1965
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not White At Work 22. I certify that (I) (His Installation of the deceased fram that (I) (we) last sow the deceased alive on DECEMBER.	in or about 21 C. WHERE DID (If in Baltimore profice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? ile \(\text{NOVEMBER} \) 19 64 ta \(\text{DEC} \) 2 19 65 and that in(my) (\(\text{mon} \)) opi	EMBER 6 1965
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not White At Work 22. I certify that (I) (Hour) ottended the deceased fram that (I) (we) last sow the deceased alive on DECEMBER ond hour and from the causes stated above. (I) (We) (did) (did not)	in or about 21 C. WHERE DID (If in Baltimore profice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? ile \(\text{NOVEMBER} \) 19 64 ta \(\text{DEC} \) 2 19 65 and that in(my) (\(\text{mon} \)) opi	EMBER 6 1965
218. PLACE OF INJURY (e.g., loor of thouse of the deceased fram that (I) (we) last sow the deceased alive on DECEMBER. 218. PLACE OF INJURY (e.g., loor, foctory, street, cetc.) 219. TIME (Month) (Day) (Year) (Hour) 210. TIME (Month) (Day) (Year) (Hour) 2110. TIME (Month) (Day) (Hour) (Hour) 2110. TIME (Month) (Day) (Hour) (Hour) (Hour) 2110. TIME (Month) (Hour) (Hour) (Hour) (Hour) (Hour) (Hour) (in or obout 21 C. WHERE DID office bldg INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? ile November 1964 to become on the decimal of the body of the decimal of the body of the decimal of the body o	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medicol examinet) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not White At Not Work 22. I certify that (I) (Hin 1) ottended the deceased fram that (I) (we) last sow the deceased alive on DECEMBER ond hour and from the causes stated above. (I) (We) (did) (Hin 1) At Not	in or obout 21C. WHERE DID (If in Baltimore Diffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	EMBER 6 1965 nion deoth occurred on the de 238, DATE SIGNED DECEMBER 7, 196
OR CONTRIBUTING CAUSE OF DEATH (notify medicol examinet) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not White At Not White At Not White At Not Work 22. I certify that (I) (Hit I other of the deceased fram that (I) (we) last sow the deceased alive on DECEMBER and hour and from the causes stated above. (I) (We) (did) (Hit other of the deceased fram Not White At Not Work 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ARLTON L, SEXTON M.D. 24C. NAME of CEMETERY of CR	in or obout 21C. WHERE DID (If in Baltimore Diffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR?	EMBER 6 1965 nion deoth occurred on the de
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Day) (Yeor) (Hour) 21D. TIME (Month) (Day) (Yeor) (Hour) 22. I certify that (I) (Hallow) ottended the deceased fram that (I) (we) last sow the deceased alive on DECEMBER ond hour and from the causes stated above. (I) (We) (did) (Hallow) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) CARLTON L, SEXTON M.D.	in or obout 21 C. WHERE DID (If in Baltimore Inflice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? ile	EMBER 6 1965 nion death occurred on the de 238. DATE SIGNED DECEMBER 7, 196 IMBRE, MD, 21201

25B. NAME OF REGISTRAN 25C. FUNERAL DIRECTOR
Mitchell & Wiedefeld Inc.
ARRA York Road 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 1965 VS 150-REV. 1/1/65



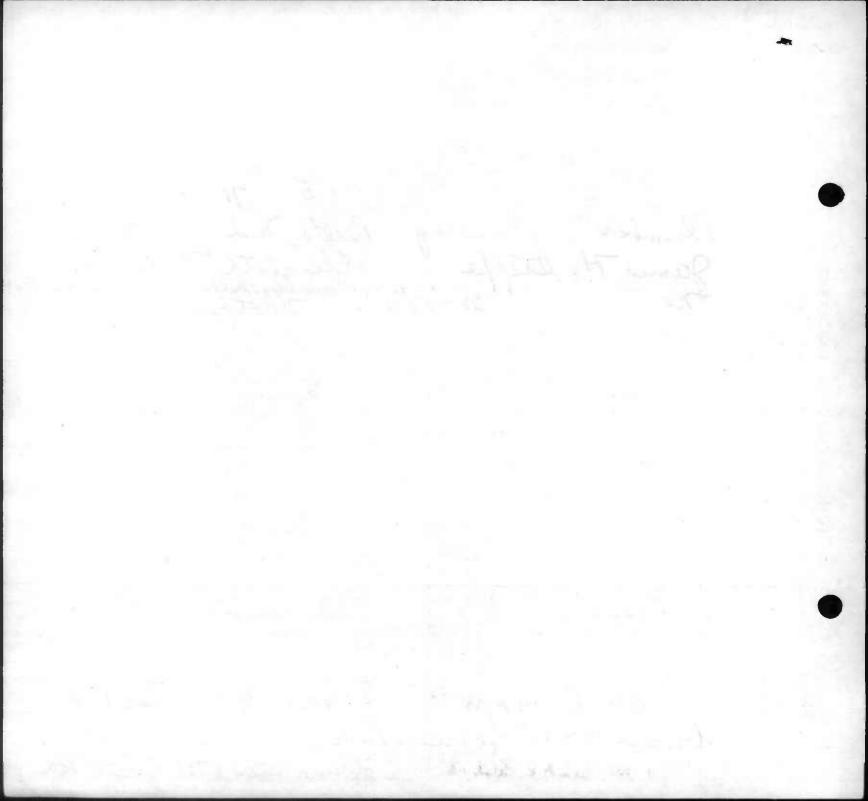


IMPORTANI

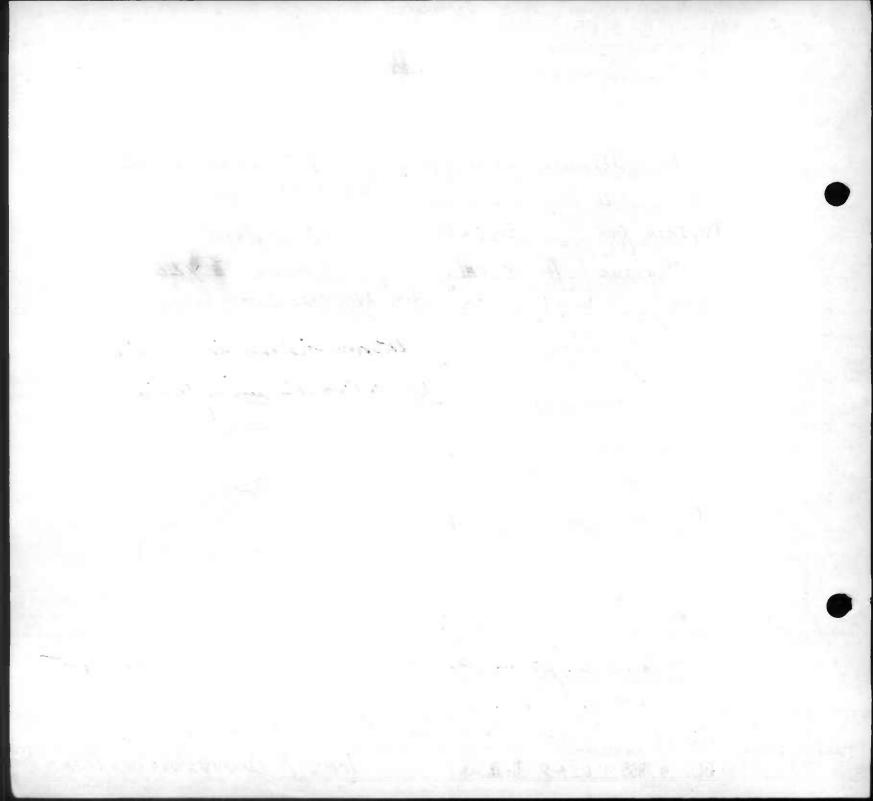
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



		BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. 65 125%	22 CERTIFICA	TE OF DEATH	Registered No.	12522
1. N	NAME OF DECEASED	1 0 1	2. DATE AN	D HOUR OF DEATH	
	Samuel	U. BIPEL	4.	12-7-65	11:55 P.
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLANI		A. STATE B. COUN		tion: residence before odmissi
1	FULL NAME OF (If not in hospital or instit	tution, give street	Many	and	9-3-03
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OF TOWN IT OUT	side city limits, write RURA	L ond give township)
ζ.			Balt	imore #	2/230
	2 11 0 11	1 11	D. STREET ADDRESS (III	utol, give location)	01
5	outh Baltimore G	-ENEra /tosp.	7 t. (DhEEling	St.
j. 5		RRIED, NEVER MARRIED		ost birthdoy)	Under 1 Yr. If Under 24 Honths Doys Hours Min.
	17. W.	Married.	AUG-24, 99	66	
10A don	LUSUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country) 12	CITIZEN OF WHAT COUNTRY?
D	PRY DOCK OPR.	SHIPYARA	Many	· land	
3.	FATHER'S NAME		14. MOTHERS MAIDEN NA	AE TO	
	C 1 1	12:00	Nun	ENLO	-0
5.	Was Deceased Ever in U. S. Armed Forces?	1) I E Co	17. INFORMANT	LYLE	ADDRESS
(Yes	s, no or unknown) (If yes, give wor or dotes of se		MRS MARGA	Ar Biner	,
	YES WWI	214-03-2178	/ //	CE/ MIRELY	
	18. 422 11	CAUSE OF	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	() a	+ 01.0	1 . 0 . 7	
	(This does not mean the mode of dying,	e.q., DUE TO	PENTOSCOPICO CAP	diovasculate 18	(Care
	heart failure, osthenio, etc. It meons the di	sease,		27.1	
	injury or complication which caused death.	Chian	terrosclerotic Cap in Obstrutino C	Drage	•
	ANTECEDENT CAUSES	-DUE TO	0 001100000	2000	
	DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stoling			/	
	UNDERLYING CONDITION last.	, 1110	*************	******************************	
	11				
TION	OTHER SIGNIFICANT CONDITIONS CONTRI				
4	DISEASE OR CONDITION CAUSING IT.				
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIND	INGS CONSIDERED
ERT	6		No		
	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off	fice bldg., INJURY OCCUR?	(If in Boltimore Cit	y, givo exact facation)
CAL	DEATH (notify medical examiner)	etc.)			
	21 D. TIME (Month) (Doy) (Year) (Hour	1 21E INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
EDIO	OF INJURY	While At Not While			
MEDIC	(APPROX.)				
MEDI	(APPROX)	Work At Work			
MEDI	22. I certify that (this hospital) atter	nded the deceased from			
MEDI		nded the deceased from	1/-2 4 1 19 65 ond the		
MEDI	22. I certify that (this hospital) atter	e on 12-7	19 65 ond the		
MEDI	22. I certify that (this hospital) atterthat (we) lost saw the deceased alive	e on 12-7	19 65 ond the	ot in (aug) (our) opinlor	
MEDI	22. I certify that (this hospital) atterthat (we) lost saw the deceased alivery and hour and from the causes stated about	e on / Z / Z	19 GS ond the lew the body ofter death.	of in (our) opinion	death occurred on the d
MEDI	22. I certify that (this hospital) after that (we) lost saw the deceased alivered hour and from the causes stated about 23A. SIGNATURE	e on Z-7 ove. (1) (We) (did) (did not) vi	19 GS ond the lew the body ofter death.	of in (our) opinion	death occurred on the d
MEDI	22. I certify that (this hospital) after that (we) lost saw the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	e on Z-7 ove. (1) (We) (did) (did not) vi	iew the body ofter death. nding Med. Director	of in (ass) (our) opinion	DATE SIGNED
MEDI	22. I certify that (this hospital) after that (we) lost saw the deceased aliver and from the causes stated about 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) Calvin E. Jones,	ove. (I) (We) (did) (did not) vi	iew the body ofter deoth. nding	Sloff Phys. 238 General Hospi	DATE SIGNED
MEDI	22. I certify that (this hospital) after that (we) lost saw the deceased aliver and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Calvin E. Jones A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	ove. (I) (We) (did) (did not) vi	iew the body ofter deoth. nding	Sloff Phys. 238 General Hospi OCATION (City, to	tal
WEDI	22. I certify that (this hospital) after that (we) lost saw the deceased aliver and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) Calvin E. Jones, BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL	Jr. M.D. Atter Phys 24C. NAME of CEMETERY of CREA	nding Med. Director BOUTH Baltimore MATORY 24D. LC British Company AND ADDRESS ADDRESS	General Hospication (City, to	DATE SIGNED 12/8/6 13/00000000000000000000000000000000000
WEDI	22. I certify that (this hospital) after that (we) lost saw the deceased aliver and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) Calvin E. Jones, BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL	ove. (I) (We) (did) (did not) vi	iew the body ofter deoth. nding	General Hospication (City, to	DATE SIGNED 12/9/6 tal win, or county) (Stote
MEDI	22. I certify that (this hospital) after that (we) lost saw the deceased aliver and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) Calvin E. Jones, BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL	Jr. M.D. Atter Phys 24C. NAME of CEMETERY of CREA	nding Med. Director BOUTH Baltimore MATORY 24D. LC British Company AND ADDRESS ADDRESS	General Hospication (City, to	DATE SIGNED 12/9/6 23 20m, or county) (Stote



BALTIMORE CITY HEALTH DEPARTMI	HEALTH C	CITY	BALTIMORE	
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1. NAME OF DEC		RANCIS SHEALEY		. 6, 1965	1:30 p.
3. PLACE OF DE	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE (WI	nere deceased lived. If i	institution: residence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or location	or institution, give street	Md. 2122	4	RURAL and give township)
2/	City Hospita	1	Baltimore D. STREET ADDRESS	If rural, give location)	
			103 N. Kei	nwood Ave.,	
s. sex	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	8. DATE OF BIRTH 9/4/1902	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A, USUAL OCC	UPATION (Give kind of work working lile, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Gen. Fore		Beth.Steel	Baltimore,		
	Harry S. Sheal	ey		ne Kelly	
5. Was Deceased	Ever in U. S. Armed For	es? 16. SOCIAL s of service) SECURITY NO.	17. INFORMANT		ADDRESS
	, ,	X. ₹	Rose Kolousek	Shealey, wi	fe, above
(This does heart failure,	SE OR CONDITION DIR LEADING TO DEATH nal mean the made af asthenia, etc. Il means nplication which coused	dying, e.g., the disease, defined by the to	rosary His	mhon	INTERVAL BETWEEN ONSET AND DEATH
DISEASES rise In the UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if a bove cause (A) G CONDITION last. II	Stoling the STORY	D. lel	hallele	2 yrs
DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify	DEATH BUT NOT RELA CONDITION CAUSING I FOPERATION 198. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF	T. DITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or I	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While A1 Not While A1 Work	21F. HOW DID IN	NJURY OCCUR?	1
that (I) (we	d fram the causes state	ed abayer (1) (We) (did) (did not) v	rlew the bady after death and after death	Staff Phys.	238, DATE SIGNED
24A. BURIAL CRE REMOVAL (Buria)	MATION, 248, DATE Specily)	24C. NAME of CEMETERY OF CR		Baltimore. M	City, town, or county) (State d. ADDRESS

the second of the second of the

BALTIMORE CITY HEALTH DEPARTMENT 65 1252 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered RO M.E. CASE NO. 1. NAME OF DECEASED Charles 2, DATE AND HOUR PRONOUNCED DEAD 12/5/65 5:15 p. HORKY WITTET AM C. 4. USUAL RESIDENCE (Where deceosed lived If institution: residence before odmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Marvland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (II rurol, give location) Hopkins Hospital 919 N. Patterson Pk. 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min. 5. SEX 6. RACE white male WIDO WED, DIVORCED (specify) lost birthdoys 1/31/1905 married IDA USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Md. Machinist C.M.Kemp Mfg. Co. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Frank Horky Petronella Novotny 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16. SO CIAL (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. Lena Vieweg Horky, wife, above 215-10-113/ INTERVAL BETWEEN of col. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119R. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTEXING CAUSES OF DEATH? 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exoct location) home, lorm, loctory, street, office bldg., INJURY OCCUR? MEDICAL 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Hout) OF INJURY WHILE AT NOT WHILE (APPROX.) 22. Autopsy X I certify that I held an Inquiry Inspection and that on this bosis, death in my opinion resulted from: Notural couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE

23C. NAME of CEMETERY or CREMATORY

24B, NAME OF REGISTRAR

Bohemian National Cemetery

DEC 9

REMOVAL (Specily)

EXAMINER'S NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

23A, BURIAL CREMATION,

Burial

Werner U.

.2/10/65

23B. DATE

Schimunek Funeral Home, Inc.

ASSOCIATE MEDICAL EXAMINER

3331 Brehms Lane

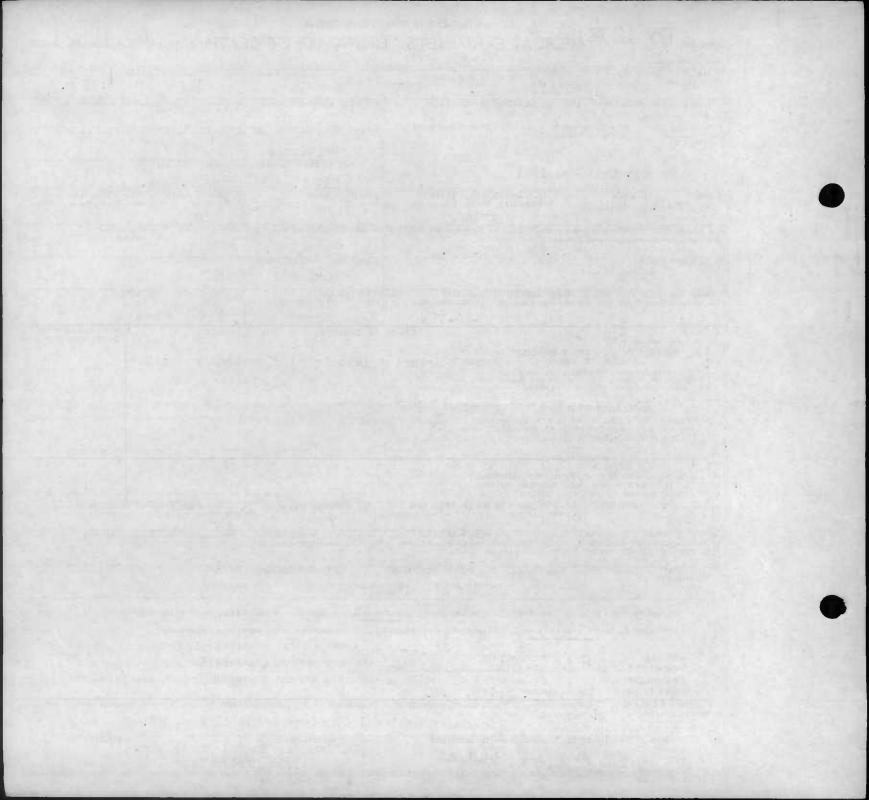
Baltimore, Md.

23D. LOCATION

(City, town, or county)

ADDRESS

(State



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT the body was released to the hospital by a medical examiner.

	BALTIMORE CIT	Y HEALTH DEPARTMENT	05	A () == ==
BIRTH NO, M.E. CASE NO. 65 12	525 CERTIFICA	ATE OF DEATH	/	12525
1. NAME OF DECEASED (Type or Print) CAMPBECC	. Waller	Affred 2. DATE AND HO	165	10.55pm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID /	A. STATE B. COUNTY	sosed lived. If institution: re	esidence before admission)
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itution, give street	C. CITY OR TOWN _III outside o	ity limits, write RURAL one	d give township)
INSTITUTION	- 0/1	Ballinon	e	63-00
14 Clube Mamo	al berplet	D. STREET ADDRESS (If rurol, SOU Month	ive location) Ave	Mol 21221
5. SEX 6. RACE 7. M. WI	ARRIED, NEVER MARRIED (specify)	B, DATE OF BIRTH 9. AG lost bi	E (In years If Unde Months;	Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Syste or foreign con		ZEN OF AT COUNTRY!
Hammer Theolor		Bellino	0	NSH.
13. FATHERS NAME	bell	14. MOTHER'S MAIDEN NAME	20/100	
15. Was Deceased Ever in U. S. Armed Forces! (Yes, no of unknown) (If yes, give war or dates of s	1 6. SOCIAL ervice) SECURITY NO.	17, INFORMANT	y accepted	ADDRESS
Ulel Canon	212-07-7245	eife.		
18.203X I	- 17 / 17 / 4	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	/	Multiple 1	Cyclona	
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d			f	~
injury or complication which caused death	.)	Hy her had so	Ria.	2 years
ANTECEDENT CAUSES	DUE TO			22.22.22.2.11.12.11.11.11.11.11.11.11.11
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) statis				
UNDERLYING CONDITION Iosi,				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	LIF YES, WERE FINDINGS CERTIFYING CAUSES OF	CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., NJURY OCCUR?	(If in Boltimore City, giv	e exoct locotion)
21D-TIME (Month) (Doy) (Year) (Hou	ut) 21E. INJURY OCCURRED	21F. HOW DID INJURY O	OCCUR?	
S OF INJURY (APPROX.)	While At Not Wh			/ /
22. I certify that (this hospital) atte	inded the deceased fram	12/3/65 19	to /2	16/600
that (I) (last sow the deceased ali	1 / / /	19 and that in		th occurred on the date
and hour and from the causes stated at	save. (1) (We) (did) (die not)	view the body ofter death.		
23A. SIGNATURE	M.D. At	tending Med. Stoff ys. Director Phys.	m/ /5	TE SIGNED 65
PHYSICIAN'S GODEREY S.	GEH M.D.	23D. ADDRESS	Menni	e bojule
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	1 2	ION (City town,	or countyl (Stote)
25A, DATE REC'D BY HEALTH DEPT 258, 1	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	eso, co,	ADDRESS GAL
DEC 9 1965 OL Comb 2	Tanking O	Connellyson	10 300 Mac	Mue, 21
VS 150-REV. 1/1/65				

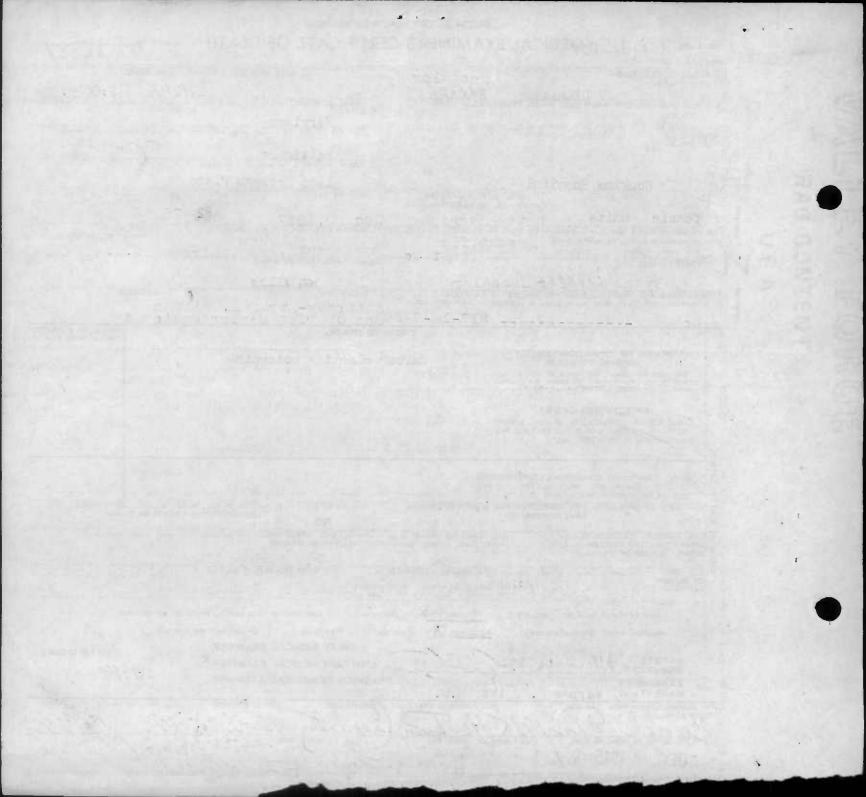
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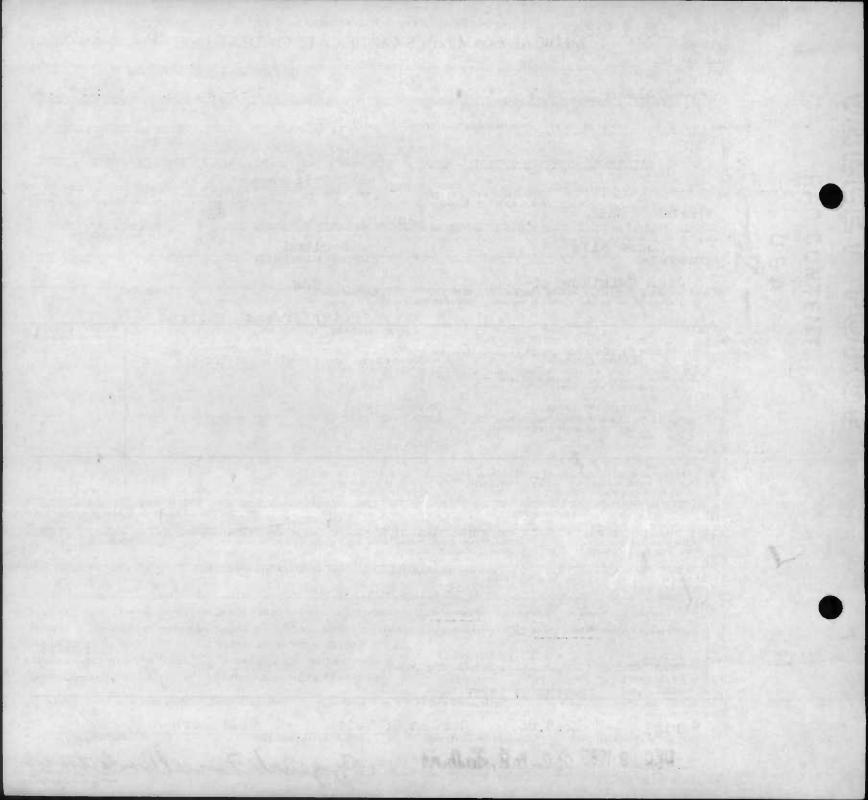
	0= 10=00	BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRTH NO. M.E. CASE NO.	65 12526	CERTIFICA	TE OF DEATH	Registered Na	65 12526
1. NAME OF DECE.	ASED		2. DATE AN	D HOUR OF DEATH	7-65
50	HN JOS		RS 2		KAS AM
3. PLACE OF DEAT	TH IN BALTIMORE, MARYLAN		A. STATE B. COUN	TY lived. II	institution; residence belore admission)
FULL NAME OF		tution, give street	1 11000 1001	ND	Bullo
HOSPITAL OR	oddress or location)		0 01	- 1	RURAL and give township)
111	IVERSITY	HOSPITAL		ORE 34	55-00
9				oral, give location)	ROAD
5. SEX		ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
M	W	NIDOWED (specify)	7-10-92	lost birthdoy	Months Doys Hours Min.
		NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore)	gn country)	12. CITIZEN OF
	tien (2127-		MARYLA	2112	WHAT COUNTRY?
S'lih tit	7-72 VC (1/11/1-		14. MOTHER'S MAIDEN NAM		037
MAR		ERS	RUSATH		ELSON
15. Was Deceased	Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No.	(II yes, give war at dates of se	213-09-2426	CHORT		
18.	81	CAUSE O			INTERVAL BETWEEN
DISEASE	OR CONDITION DIRECTLY				ONSET AND DEATH
	EADING TO DEATH		EUMONITIS : 8	O PULTI . E	MBOLUSIZ Hrs
	I mean the made at dying isthenia, etc. It means the di	, e.g., DUE TO			
	dicalian which caused death.		0		1 00
A	NTECEDENT CAUSES	(B) CA	(F) rose	WITH F	IETASTOSIS - 6 NO
DISEASES OF	CONDITIONS, if any,	giving			
	abave cause (A) statin	g the (C) (R)	MIDDLE CER	-BRAL TI	aron. 6 mrs
ONDEREINO					
OTHER SIGNIF	II ICANT CONDITIONS CONTRI	BUTING			
E TO THE DE	ATH BUT NOT RELATED				
19A. DATE OF	OPERATION 198. CONDITION		20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
19A. DATE OF	1965 WAS PERFORME	LUNG	2	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING THE	21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, o	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact lacation)
0	medical examine) NO	etc.)			
W OF INTERV	(Manth) (Day) (Year) (Hau		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Not While Wark At Wark	е		
22. I certify t	hat (1) (this hospital) atte	nded the deceased from	Dec	9 65 ta)	7 = = 7 19 65
1	ast saw the deceased aliv				Inian death occurred an the date
and hour and	from the causes stated ab	ave. (1) (1) (did (did not)			
23A. SIGNATUR			Tow The bady after deaths.		23B. DATE SIGNED
P	< No	M.D. And	ending Med.	Stoff V	12-7-6
23C. PHYSICIAN	0. Den	Phy	s. Director	Phys. L	12-1-61
NAME (Ty	pel			EFALLO	124 21718
24A. BURIAL CREW	1, 2100	M.D.	4202 6	CE L 100	1 / 2 / 2 / 0
REMOVAL (Sp		1 + N	y	SATION	City, town, or county) (State)
Buein/	12-10-65	WESTERN LE	M. 1.	DAIA	/XD
	10CF 0 25B. N	AME OF REGISTRAR	25C TUNERAL DIRECTOR		802 HARTURN RN
DEC 9	1309 OF PED 5	" ACTRESION (1 GITILVANS	S KOLI	(802/MARTURI) /(D
1/C 1/O BES/ 1/1///					



4-534

A.E. CASE NO.				12	DATE AND HOUSE STONE	CED DEAD
. NAME OF DECEA	YZED		Knoedler	2	DATE AND HOUR PRONOUN	
	LILLIA	N	XXXXXXXX		12/2	
PLACE IN BALTIM	ORE, MARYLAND, WI	HERE PRONOU	NCED DEAD	A. STATE	B. CC	stitution: residence before admission DUNTY
JLL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	Mary		PHRAL and aim township)
STITUTION	ADDRESS OR LOCA			C. CITY OR TOWN	I (If outside corporate limits, w	nte KUKAL ond give township)
				Balt	imore	8-0.5
2				D. STREET ADDRE	SS (If rurol, give location)	
Hor	okins Hospit	al		1965	Perlman Place	
	RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In year lost birthday)	Months, Doys, Hours, Min.
female	white			Dag 20 7	804 n	8
		10B KIND OF	married BUSINESS OR INDUSTR	Dec 20, 18	ote or foreign country)	12. CITIZEN OF
~ 3	king life, even if retired)	Mercan	ntile	Dantamani	New	WHAT COUNTRY?
Charwome FATHER'S NAME	n		Trust Co	Portsmout		I U.S.A
	- 411441	1		-	(Classical Control of the Control of	
	EVER IN U.S. ARMED		11er	Lena L	Mar Stranger	ADDRESS
	yes, give wor or dote:		SECURITY NO.		Avrum K. Rifm	
No			217-16-7768	One Char	les CenTer Bal	to Md
1B	1. 64.		CAUS	OF DEATH		INTERVAL BETWEEN
DISTASE	OR COMPITION DI	ALOH V				ONSET AND DEATH
	OR CONDITION DIS		Carbo	n monexide	poisoning	
(This does not	meon the mode of sthenio, etc. It meons	dying, e.g.,	DUE TO		***************************************	
injury or compl	lication which coused	de oth.)				
	TECENDENT CAUSE		(B)			
DISEASES OR RISE TO THE A UNDERLYING	CONDITIONS, IF A ABOVE CAUSE (A) ST	NY, GIVING	(B)(C)			
DISEASES OR RISE TO THE A UNDERLYING	CONDITIONS, IF A	NY, GIVING TATING THE CONTRIBUTING	(C)			
DISEASES OR RISE TO THE A UNDERLYING	CONDITIONS, IF A ABOVE CAUSE (A) ST CONDITION LAST. II FICANT CONDITIONS EATH BUT NOT REL	CONTRIBUTING ATE	(C)	20A. AUTOPSY?	Yes or No) 208, IF YES, WERE IN CERTIFYING CA	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No.65 12520 65 12529 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) DECEMBER 6, 1965 LYSYMANKA,

3. PLACE OF DEATH IN BALTIMORE, MARYLAND **JACOB** 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and ST. AGNES HOSPITAL BALTIMORE prior (If rural, give location) SPRUCE ST. mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased Hours lost bighday MALE WHITE BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
PRESSER disposition WASSERMAN 3 MXXXXX UKRAINE TAILOR SHOP 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME HALCHSHYN ALEXANDR I A STEVE 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ROSE LASUK 1018 CHURCH ST. final (Yes, no or unknown) [If yes, give wor or dates of service) SECURITY NO. HOSPITAL RECORDS; CATON AVE. 171-26-7798 NONE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meen the mode of dying, e.g., hearl foilure, osthenio, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the UNDERLYING CONDITION lost remains H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? IYes or No! 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacotion) DEATH Inotify medical examiner MEDI obtained 21 D. TIME (Month) |Day) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At IAPPROX. Work At Work NOVEMBER 6 DECEMBER 6 19 65 22. I certify that (I) (this hospital) attended the deceased from DECEMBER 6 65 19 that (1) (we) lost sow the deceased alive on. and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated above (1) (We) (dld) (did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Stoff Phys. X M.D. 12-6-65 approval 23 C. PHYSICIAN'S #29 23D. ADDRESS NAME (Type) ST. AGNES HOSPITAL; CATON & WILKENS eceased

24A. BURIAL CREMATION. REMOVAL (Specify) 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

LEENBOUR . LEENBOUR .. L

South And the State of the Stat

VS 151-REV. 1/1/65

BIRTH N

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 12530

BIRT	H NO.	MEDI	CALEX	AMINER 3 CI	KIIFICATE OF	DEATH Registe	red No. La Jou
_	CASE NO.		44.4				
Typ	NAME OF DEC	EASED Joh	n K	otchen	2. DATE	12/7/65	10:20 a.
FUL	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITU		A. STATE Maryland	B. COL	fitution: rosidenco belore admission) UNTY RURAL and give township)
/-	3	South Bal	timore	General Hosp.	Baltimore D. STREET ADDRESS (II TO 5101 Penr		35-05
5. S	ale	6. RACE white		NEVER MARRIED DIVORCED (specify)	FEB. 10, 1896	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
done		vorking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for VIRGINIA) 14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY?
	MICHA	LEL KOTCHE	EN		ELIZABETH		
(Yes		O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO. 220-05-2595	THOMAS KOTCH		ADDRESS ENNINGTON AVE. Mb. 21226
CERTIFICATION	DISEASES (RISE TO THE UN DERLYIN	LEADING TO DEATH not meen the mode of osthenio, etc. It meens nplication which coused of INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST. III NIFICANT CONDITIONS DEATH BUT NOT REI	S NY, GIVING ATING THE	(B)	sclerotic card:		
1 1	DISEASE OF	OPERATION 19B. CON WAS PERI	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B, IF YES, WERE FI	
U	21A, EXTERNAL UNDERLYING LUTING CAU		21 B. (home, etc.)	PLACE OF INJURY (e.g., form, loctory, street, o	in or about 21C. WHERE DID line bldg., INJURY OCCUR?	(If in Boltimoro City, gi	ive exact location)
	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	V	HILE AT NOT WORK AT W	21 F. HOW DID IN	NJURY OCCUR?	
			-	Inspection Aut	apsy and that an	this basis, death in r	
		ted fram: <u>Natural ca</u>	ISBSE A	ccident Suicide	CHIEF MEDICAL	Undetermined mann	DATE SIGNED
	SIGNATI EXAMIN NAME (URE JUNE	Spitz,	1 >	ASSISTANT MEDICAL ASSOCIATE MEDICAL		12/7/65
	BURIAL CREA	MATION, 23B. DATE		C. NAME OF CEMETERY O			, town, or county) (Stoto)
5	Sural	12-11-		Holy Cross	Cem. G	Inne arun	del Co. mil.
24A	DEC	9 1985 P.C.	£ ,3 &	of registrar	, W. Fialkow	she 2007 E	Castern au.

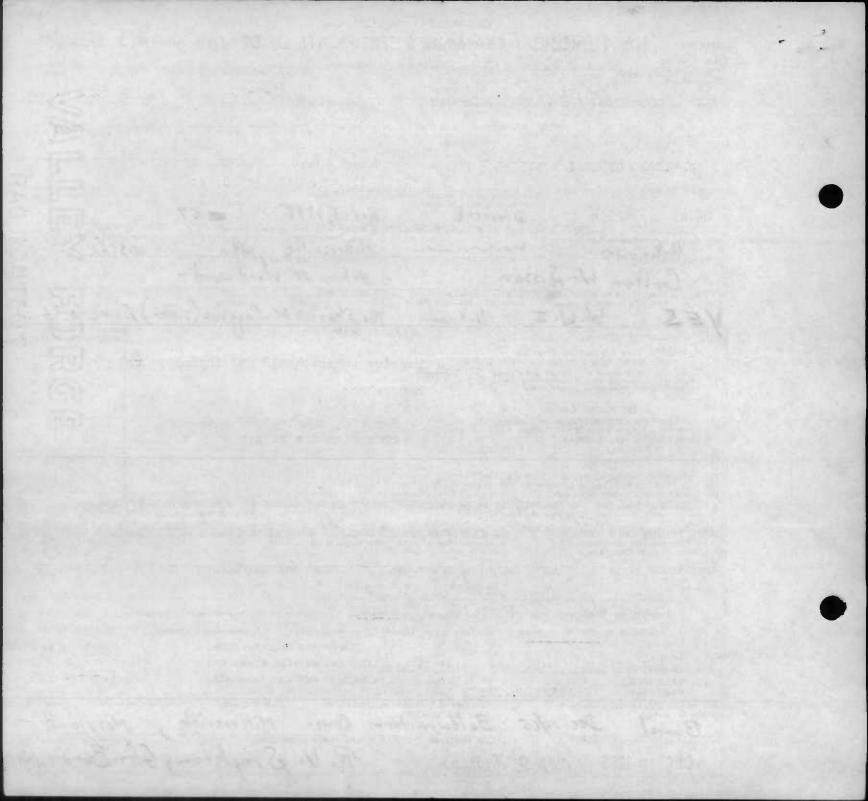
AFRIC 121 839 505-358 E3-0-X Marsaga annual 200 Paragan annual ann

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dedth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEAL	TH DEPARTMENT
BIRTH NO. CENTIFICATE	OF DEATH Registered No.
M.E. CASE NO.	00 12031
(Type or Print) FITUS, CHARLES	2. Date and hour of Death December 6, 1965 9 32
	UAL RESIDENCE (Where deceased lived, If institution; residence before admission)
LIGHT IN THE STATE OF THE STATE	Mary land TY OR TOWN (If outside city limits, write RURAL and give township) The Burne Arunde
R-11: Manuford 21216	REET ADDRESS (1) wood, give location) 6 Sanelin Drive
4 4 A A A A A A A A A A A A A A A A A A	P. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)	Maryland (Balto.) 12. CITIZEN OF WHAT COUNTRY? U. S. A
	OTHER'S MAIDEN NAME
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. IN	Margaret Fiske
(Tes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
CAUSE OF DEA	Hanes Titus (Wife) Jame Hs 2- THI INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH He pa	tic coma
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	dized toxemia
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION tast.	patic Abscess
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. Date of Operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 Subhepatic Abscess	A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 7218. PLACE OF INJURY (e.g., in or ob home, form, foctory, sheet, office ble etc.)	out 21 C. WHERE DID (If in Boltimore City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	
22. I certify that (I) (this haspital) attended the deceased from Note:	abor 26 1965 to December 6 1965
that (1) (we) lost saw the deceased alive an December 6	19.65 and that in (my) (our) opinion death occurred an the date
ond hour and from the couses stated above. (1) (We) (did) (did not) view t	7.01
23A. SIGNATURE Manuel & Gentarilla M.D. Attending Phys.	Med. Stoff Phys. December 6, 1965
23C. PHYSICIAN'S NAME (Type) M.D.	DDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATO	
Burial Dec. 9/65 London Park- 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125	CLEUNERAL DIRECTOR / ADDRESS
DEC 0 100E A - A SEC STATE OF 1	Suneral Director Glen Busines Mid
VS 150-REV. 1/1/65	Si Dien Grenie, Ma-

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				BALTIMORE CITY HEA	ALTH DEP	ARTMENT			
BIRT	н но. 65	12MEDI	CAL E	XAMINER'S	CERTIF	ICATE OF I	DEATH Regist	ered No.5	12532
M.E	CASE NO.								
1. N	NAME OF DECEASE	D				2. DATE AN	D HOUR PRONOUN	CED DEAD	
тур	e or runn	CARI	TON W.	SISSON		12-6	-65		9:55 A. M
3. PI	LACE IN BALTIMOR				A. STA	AL RESIDENCE (Where		stitution: resid	
FUL HOS	L NAME OF	F NOT IN HOSPITA	AL OR INSTIT	TUTION, GIVE STREET		ryland	e corporate limits, wri	te RURAL on	d give township)
	TITUTION				Ra	ltimore		1-11	
	MARYLAND	GENERAL HO	SPITAL	- DOA		ET ADDRESS (If rurol,	give location)	101	
					13	23 N. Calver	t Street		
5. S	EX 6. RA	CE		NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years	If Under	1 Yr. If Under 24 Hr. Doys : Hours , Min.
M	Male W	hite		rced	Nov	. 8, 1898	67		
			TOR KIND O	F BUSINESS OR INDUST	RY 11. SIRT	HPLACE (State or foreig	n country)	12. CITIZE	N OF
ione	during most of working		ha	~~~	Mil	lersville	Md-	11.5	. A.
3. F	ATHER'S NAME				14. MO	HER'S MAIDEN NAM	1 1	- VI J	
	Carlto	n W. D	1550m		He	len M. Wo	od ward-		
	WAS DECEASED EV			16. SO CIAL SECURITY NO.	17. INFO	RMANT	,	ADDRESS	III I I I I I I I I I I I I I I I I I
1	P.E	W. W.	T	11.1.	Mrs 1	Fleanore W. (ageine (sie	Her) S	ame As #4
1	18.	A M.		Un Known CAU	SE OF DE		11110 (3/3	1	INTERVAL BETWEEN
	330	/ I			JE 01 DE		· V		ONSET AND DEATH
		R CONDITION DI DING TO DEATH		Mass	ive s	ubarachnoid	and intrac	erebral	
	(This does not m	eon the mode of	dying, e.g.,	TOTAL STATE	, , , ,	abaraciinora	dia Encrao		
	injury or complice	enio, etc. It meons	deoth.)	hemo	rrhag	e			
	ANTE	CENDENT CAUSE	S						
	DISEASES OR C	ONDITIONS, IF A	NY, GIVING	DUE TO F	Ruptur	e, aneurysm	of anterio	r	
		OVE CAUSE (A) ST	TATING THE		-	icating arte		130	
Z				(C)					
Ħ		it							
2		ANT CONDITIONS TH BUT NOT RE							
H	DISEASE OR CO	NDITION CAUSING	S IT.	****************		A LIZOBOVA (V	loop of wee	TAL BUAL DE	
CERTIFICATION	19A. DATE OF OPE	RATION 198. CON		WHICH OPERATION	20A.	AUTOPSY? (Yes or No)	IN CERTIFYING CA		
	21 A. EXTERNAL CA	ITEE WAS	lore	DI ACE OF INITIAL		Yes	Ye		
O	UNDERLYINGOR	CONTRIB-	hom	PLACE OF INJURY (e.g. e, form, foctory, street,	office bld	INJURY OCCUR?	in nonmore City,	give exoct lo	conon)
W.	UTING CAUSE O	F DEATH.	etc.)						
	21 D TIME (Mo	nth) (Doy) (Yeo	r) (Hour)	21 E. INJURY OCCURRED		21F. HOW DID INJ	JRY OCCUR?		
	(APPROX.)		m.	WHILE AT NOT	WHILE WORK				
	22.								
		hat i held an I	and the same of th	Inspection A	utapsy X		is basis, death in	my apinian	See Street
	resulted f	ram: Natural ca	uses	Accident Suici	ide		Indetermined man	ner	
	467040	1	7	, /		HIEF MEDICAL EX			DATE SIGNED
	ACTUAL SIGNATURE	(01	alle.	I din M.	D. ASSIS	TANT MEDICAL EX	CAMINERXX		
	EXAMINER"	5	de la constant	0		TATE MEDICAL E			12-6-65
	NAME (Type		ES S. P.						6
	BURIAL CREMATI		,	3C. NAME of CEMETERY			/ 4,1	ly, town, or c	ounty) (Stote)
	Burial	Dec. 19	165	Baldwin M	em.	Cem- Mi	llersville	, 1	laryland.
24A	DATE REC'D BY H	EALTH DEPT.	24B, NAME	OF REGISTRAR	240	FUNERAL DIRECTOR	1 2	1 AIA	DDRESS
	DEC 0.1	065 0 0	40 T	0 40	1	R. 1/0 25,	naleton	1/0/00	Butne
	DEC 91	200 ([Che	as a	Carley Mall	/	10 11	19	1 6/10	041 1119/
VS	151-REV. 1/1/65		1	. 43 0		1 1 0			



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

Also,

the body was released to the hospital by a medical examiner.

REC'D BY HEALTH DEPT.

DEC 9

on the of death

if the direct or contributing cause

		BALTIMORE C	TTY HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	65 12533	CERTIFIC	ATE OF DEATH	Registered No	MOD TYCOS
(Type or Print)	-	MURPHY	2. DATE A	ND HOUR OF DEAT	H 12120A
B. PLACE OF DEATH	IN BALTIMORE, MARYLAND)	4. USUAL RESIDENCE (WHA, STATE B. COU	nere deceased lived. If	institution: residence before edmissio
FULL NAME OF HOSPITAL OR	(If not in hospital or instit address or location)	ution, give street			Anne Arunde
INSTITUTION	,			THICUM	
Uni	versity			ANNAPO	
S EX 6. R.		RRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
USUAL OCCUPAT	10N (Give kind of work 108, KI)	ND OF BUSINESS OF INDUS	11-25-53 TRY 11. BIRTHPLACE (Stote or to	reign country)	12. CITIZEN OF
one during most of working		G/035 Co	manul	MALE	WHAT COUNTRY?
FATHERS NAME	* (Ret.) Md.	6 63 2	MARY L	AME	USA
THOMA	SEMURP	44	Margare	+ DOWNE	EV
. Was Deceased Ever	in U. S. Armed Forces?	1 6. SOCIAL grice) SECURITY NO.	17. INFORMANT Ann N	why (wife)	Same ADDRESS 14
170	171111	212-10-60	10 Hospita	Adm	Sheet
18. 4. 00	//		OF DEATH		INTERVAL BETWEEN
	R CONDITION DIRECTLY		4		ONSET AND DEATH
	DING TO DEATH nean line made of dying,	(A)	ACUTE MYOCA	ROIALIN	FARCTION 2 DAYS
hoart failure, asth	enia, elc. Il moans the dis				
	atian which caused death.) ECEDENT CAUSES	(8)	SCVD		
	CONDITIONS, if any,	DUE TO		######################################	
rise to the a	bove cause (A) stating				
UNDERLYING CO)NDITION last.			200	
	NT CONDITIONS CONTRIB	BUTING 11 VIO			91/000
DISEASE OR CON	H BUT NOT RELATED T		THYROIDIS.	m	9 YEARS
19A. DATE OF OPE	WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or I	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
21 A. ACCIDENT V	AS UNDERLYING	218 PLACE OF INITIRY (e.	g., in or obout 21 C. WHERE DID	(If in Soltim	ore City, givo exoct locotion)
OR CONTRIBUTING	CAUSE OF	home, form, foctory, street	, office bldg., INJURY OCCUR?	-7	
2	onth) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID IN	HILLRY OCCUR?	
OF INJURY	0	While At Not \	Vhile -		
		Work L OA1 W	10		6 0 /
	(t) (this haspital) atten		11-6	19 65 ta	19 65
		e an 12-8-6			pinian death accurred an the c
23A. SIGNATURE	m the causes stated abo	ove. (+) (We) (,did) (did no	t) view the bady after death	•	
1/-	ann 1.	M.D.	Attending Med.	Stoff	23 B. DATE SIGNED
Henry	wan fo	arony "	Phys. Director	Phys.	12-8-65
PHYSICIAN'S		9	23D. ADDRESS		
	Henry Allan	Salontz	.D.		
REMOVAL Speci		24C. NAME of CEMETERY OF			(City, lown, or county) (Stote)
Burral	Dec. 11/65			Brooklyn,	x+ U) 14d.
	HEALTH DEPT. 25B, N	AME OF REGISTRAR	25C. FUNERAL DIRECTO	OR /	ADDRESS
DEC 9 1	303 Of Level E	CARSOLPE U	1 Nel Danglet	300	Glen Burnie IM

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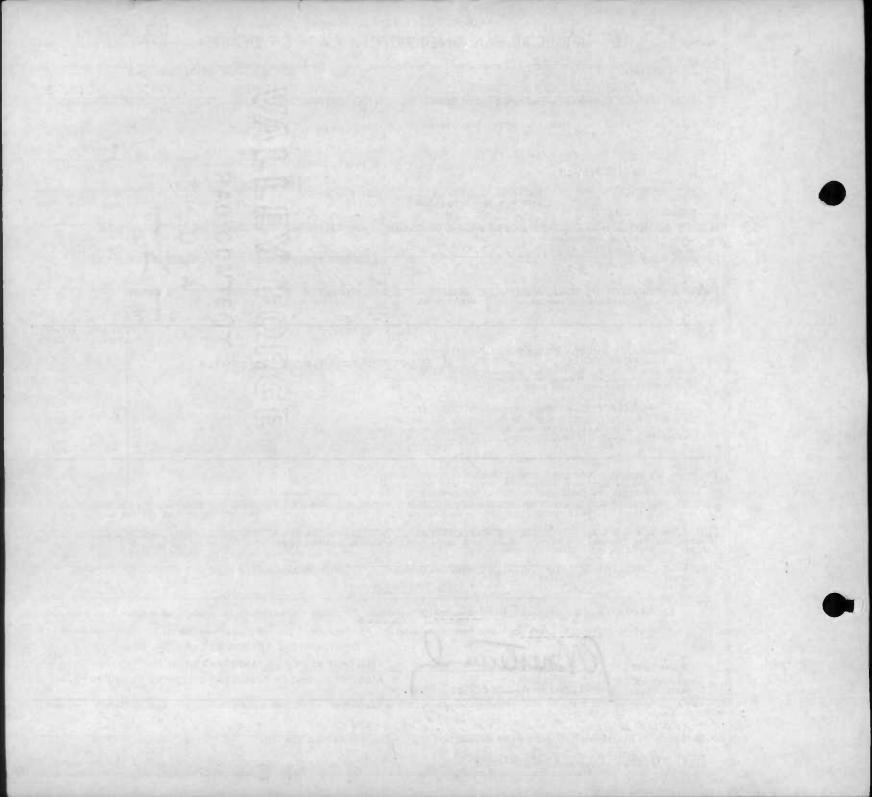
24C. FUNERAL DIRECTOR

5-536

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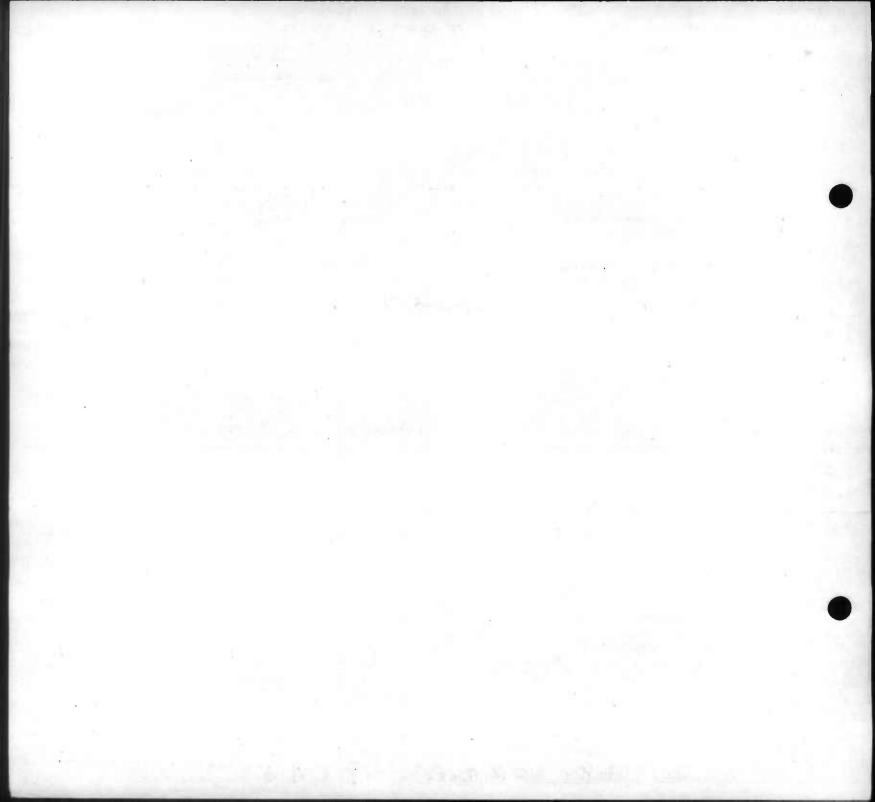
VS 151-REV. 1/1/65

24B, NAME OF REGISTRAR



		BALTIMORE CITY	Y HEALTH DEPARTMENT	
1	тн но. 65 1	2535 CERTIFICA	TE OF DEATH Registered	No. 65 1250
1,1	NAME OF DECEASED		2. DATE AND HOUR OF DEA	ATH -LCUGG
(Ту	pe or Print) Edward	d C. Tompkins	Dec. 6,1965	M
3.	PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission)
	FULL NAME OF (If not in hospital	or institution, give street Me.T	rland	20-03
	HOSPITAL OR oddress or location	in)	C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
1	504 East Lynn	Ave	D. STREET ADDRESS (If rurol, give location)
0			504 East Lynn Ave	
5.	SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys : Hours : Min.
	Male White	Married	Nov. 29,1897 68	20,7
	N. USUAL OCCUPATION (Give kind of worne during most of working life, even if refired)		11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Repairman	Oil Burners	District of Columbia	n.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Percy Tompkins		Julie Thompson	
5. Y (Was Deceased Ever in U. S. Armed Fa s, no ar unknown) (If yes, give war or dat	les of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No	218-10-537	& Mrs. Mary Tompkins	Same
	18.3020	CAUSE O	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY	1. 1) +	1 . 1
	LEADING TO DEATH	dving e.g. (A)	rdio Mespiratory	failuer
	heart foilure, osthenio, etc. Il meoni	3 1110 0130030,	0 /	
	ANTECEDENT CAUSE	-1/11	monary emphyse	ma
	DISEASES OR CONDITIONS, if	ony, giving	the time to	
	rise to the obove cause (A)		onic ffronchille	2
	ONDERETING CONDITION 10SI,			
Z	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
ATIO		IT.		
	1104 DATE OF ORESATION 1108 CO.			
	19A. DATE OF OPERATION 198. COL	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
CALLE	21A. ACCIDENT WAS UNDERLYING	RFORMED	NO IN CERTIFYING	CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF	RFORMED	in or about 21 C. WHERE DID (If in Bolt	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o	in or about 21 C. WHERE DID (If in Bolt	CAUSES OF DEATH?
AL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) OF INJURY	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURED While At Not While	in or obout 21 C. WHERE DID (If in Bold flice bldg., INJURY OCCUR?	CAUSES OF DEATH?
AL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (APPROX.)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.) 21E. INJURY OCCURED While At Not While At Work	in or obout 21C. WHERE DID (If in Bold ffice bldg., INJURY OCCUR?	imore City, give exact locotion)
AL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.) (Hour) 21E. INJURY OCCURED While At Not While At Work all) ottended the deceased from	in or about 21C. WHERE DID (If in Balt) ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	imare City, give exact locotion)
AL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Yearl OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost saw the decease	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.) (Hour) 21 E. INJURY OCCURRED While At Not While At Work al) ottended the deceased from seed alive an A DCC.	in or about 21C. WHERE DID (If in Bolt office bidg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR?	imare City, give exact locohon)
AL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost saw the decease and hour and from the causes started.	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.) (Hour) 21E. INJURY OCCURED While At Not While At Work all) ottended the deceased from	in or about 21C. WHERE DID (If in Bolt office bidg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR?	imore City, give exact location) DLC 19/05 aprinian death accurred an the date
AL CEKIIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Yearl OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost saw the decease	21B. PLACE OF INJURY (e.g., in home, form, factory, street, on etc.) 21E. INJURY OCCURED While At Not White At Work all) ottended the deceased from seed alive an At Well (did) (did nat) with the seed above. (I) (We) (did) (did nat)	in or about 21C. WHERE DID (If in Balt) Strice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 60 and that In(my) (aur) view the body after death.	imare City, give exact locotion)
AL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospitated that (I) (we) lost saw the decease and hour and from the causes stated that (I) (We) Institute (I) (We) Institute (I) (Me) Institute (II) (Me) Institute (I	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.) (Hour) 21 E. INJURY OCCURRED While At Not While At Work all) ottended the deceosed from acted above. (I) (We) (did) (did nat)	in or about 21C. WHERE DID (If in Balt office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 60 and that In(my) (aur) over the body after death. 19 60 Staff Phys. Director Phys. Director Phys.	imore City, give exact location) DLC 1965 aprinian death accurred an the dat
AL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost saw the decease and hour and from the causes stated that (I) (Physician's NAME (Type)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, on etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work all) ottended the deceased from seed alive an Olice ared above. (I) (We) (did) (did nat) while At Mark of the etc.)	in or about 21C. WHERE DID (If in Balls) ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 63 ta 19 64 and that In(my) (aur) view the body after death. 19 65 Stoff Phys. [23D. ADDRESS]	apinian death accurred an the dat
MEDICAL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) 21D. TIME (Month) (Day) (Year) 22. I certify that (I) (this hospital that (I) (we) lost saw the decease ond hour and from the causes stated and	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.) (Hour) 21E. INJURY OCCURED While At Not While At Work all) ottended the deceosed from steed alive an Apple at the deceosed from M.D. Att. M.D. Att. Phy	in or about 21C. WHERE DID in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 63 ta 19 65 and that In(my) (aur) view the body after death. 123D. ADDRESS 4605 Edmondson Ave	apinian death accurred an the date
MEDICAL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost saw the decease and hour and from the causes stated that (I) (Physician's NAME (Type)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.) (Hour) 21E. INJURY OCCURED While At Not While At Work all) ottended the deceosed from seed alive an Apple at the deceosed from the deceos	in or about 21C. WHERE DID in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 63 ta 19 65 and that In (my) (aur) view the body after death. 123D. ADDRESS 4605 Edmondson Ave 124D. LOCATION	apinian death accurred an the date 23B. DATE SIGNED

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Maryland Baltimore, 12-9-65 Olivet Burial Mt. Fred A. Cole 1915 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR VS 150-REV. 1/1/65



		BALTIMORE CITY	HEALTH DEPARTMENT			
	BIRTH NO. CERTIFICATE OF DEATH Registered No.					
		NAME OF DECEASED		NO HOUR OF DEATH	162536 30	
	(Тур	YPE OF PRINT MALINOTSKY, MR. WARRE	NHENRY	12-7-	63 4 3AM.	
	3. P	PLACE OF DEATH IN BALTIMORE, MARY AND	4. USUAL RESUDENCE (Who		titution: residence before odmission)	
	FULL NAME OF (If not in hospital or institution, give street		MARY CAND 2005			
1		HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location)			
7	1/4	MONTEBELLO STATE HOSPITAL				
ò	F	MONIEDE STATE HOSPITAL	3//	S. SMAL	LWOOD ST.	
3	5. S	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 Hrs. Months: Days Hours Min.	
0		M MARRIED	10-30-1920	45		
		DA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 1 pne during most of working life, even if retired)	11. BIRTHPLA CE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?	
	10	ENGINEER (BACTIMO	RE MD	u.s.A.	
	13.1	B. FATHER'S NAME	14. MOTHERS MAIDEN NA	IME (
2	15 \	NUDOLF MACINO7SICY S. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 1	ANNIE	CROFOOT	ADDRESS	
5		es, no or unknown) (If yes, give wor or dates of service)	Mis II		57.	
		468 1 33888372 213-14-02501	TRS NORMA M	AUNOTSKY	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) GENERALIZED CARCINOMATOSIS SEVERAL YOUR					
	heart failure, osthenia, etc. It means the disease,					
ANTECEDENT CAUSES (B) UNDIFFERENTIATED CARCINAMA 67 NASOPHALA				NASOPHALANX +		
DISEASES OR CONDITIONS, if ony, giving						
3	ise to the obave cause (A) stoling the UNDERLYING CONDITION last.					
		II			-)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
0	RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH?				
	U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)	
3	CA	DEATH (notify medical exominer) etc.)				
	MED	OF INJURY	21F. HOW DID IN	JURY OCCUR?		
5	-	(APPROX.) While At Not While At Work				
2	1 1	22. I certify they (1) (this haspital) attended the deceased from 1965 to 12-7-1965,				
		that (I) (we) last saw the deceased alive an				
2		and haur and from the causes stated above. (1) (We) (Atd.) (did not) view the body after death. 23A. SIGNATURE				
		A. M.D. Atten	nding Med.	Stoff V	12-12-4	
3		23 C. PHYSICIANS	3D. ADDRESS	Phy s.	12 1/-03	
		Zin U. Park - M.D.	MONTERFIL	O STATE	HOSPITAL	
-	24A	AA. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY OF CREA	MATORY 24D. I	OCATION (Cib	total)	

NAME (Type) Zin U. Park

M.D. MONTEBELLO STATE HOLPITAL

24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY

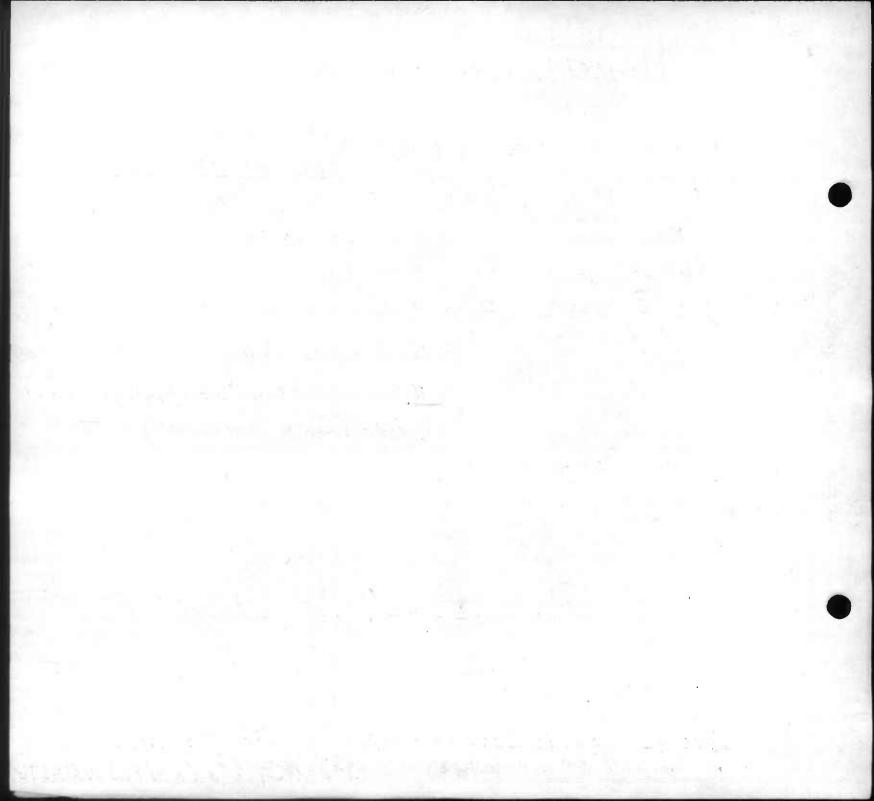
24D. LOCATION (City, town, or county) (Stote)

REMOVAL (Specify)

25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

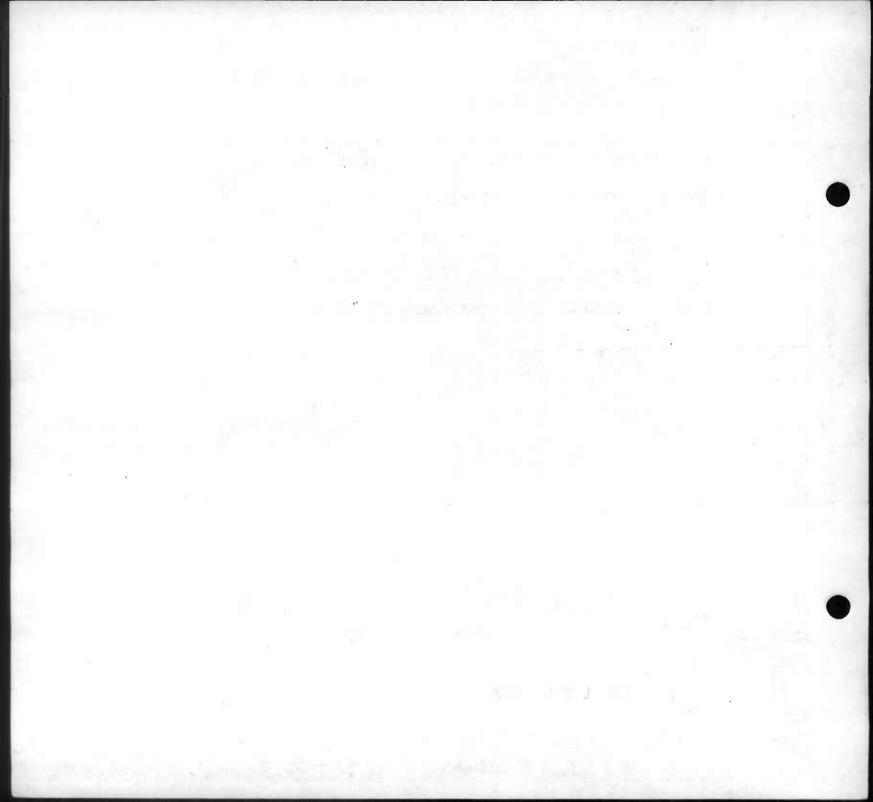
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

. 65-30819	BALTIMORE CITY	HEALTH DEPARTMENT		4
BIRTH NO. M.E. CASE NO. 65 12537	CERTIFICA	TE OF DEATH	Registered No	5 12537 7
T. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARTIAND	Matthews	12.	HOUR OF DEATH	stitution; residence before admission)
FULL NAME OF (If not in hospital or instituted by the HOSPITAL OR oddross or location)	tion, give street	A. STATE B. COUN	LAND	URAL ond give township)
BON SECONS HOSPI	tal	- BAL	rurol, give location)	7
		15 d6 N		5K1 ST.
	NED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreing	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHERS MAIDEN NAM	AE	
15. Was Decoased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, givo wor or dotos of sorv	theus	POROTI+Y	L. H1	LLIARI) ADDRESS
18. DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	mmstur	E.	
heart failure, asthenia, etc. It means the disc injury at camplication which caused death.) ANTECEDENT CAUSES	(8)	ng. Ale	Peactas	
DISEASES OR CONDITIONS, if any, gines to the obave couse (A) stating UNDERLYING CONDITION last.			000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exect location)
OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		URY OCCUR?	
22 Legatify that (I) (this haspital) attack		17/	11.	3/11 11
22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	17/1	//-	ot in(my) (aur) apir	nian death accurred an the date
and haur and from the causes stated above	re. (I) (We) (did) (did nat) v	view the body after death.		
23A. SIGNATURE) The Phy		Stoff Phys.	238. DATE SIGNED
23C. PHYSICIAN'S NAME (Typo)	M.D.	23 D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 13. 8. 65	C. NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (CI	y, town, or county) (State)
DEC 9 1965 P. O. DE	ME OF REGISTRAR	25C. FÜNERAL DIRECTOR	L. A	nc (ADDRESS)
VS 150-REV. 1/1/65		Mullin		Moderation



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

SIRTH M.E. C)			
MA.E. C	NO.	00	12538	CERTIFICA	TE OF DEATH	Registered No.	5 12538
1 NAA	ASE NO.	ASED			2 DATE AL	ND HOUR OF DEATH	.) 10000
1.7	D : 13		on 1	OSEDU		16 /65	1130
3. PLA	CE OF DEA	PE EDWA	RYLAND	032174			astitution: residence before admission)
					A. STATE B. COUN	YTY	1 0 11
	L NAME OF	F (If nat in haspital of oddress or location		ve street	Mcl.	- \	0-04
	TITUTION	oddress or locollon	,		C. CITY OR TOWN (If au		RURAL and give ta nship)
4					BALTIMORE		
		M EMORIAL	11053		D. STREET TOORESS (IE	rurol, give locotiani	
		MEMORIAL				KI ST.	
5. SEX		6. RACE		DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Haurs Min.
1	TALE	White		1488156	2/25/20	45	
			10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done di	Me most of	rorking life, even if retired)	00000	FLEWATOR	11055		45
13. FA	RTEL THERS NAM	NE X	GAAIN	ELEVATOR	MASS 14. MOTHER'S MAIDEN NA	ME	43
				(0)		1 (1	
H	OPE,	EDWARD	F.	(D)	ANNA (P) (D)	
15. Wo	s Deceased	Ever in U. S. Armed Ford	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
4	NA	NONE.		delegandon	WIFE ROSE C	HOPE	SAME
18	2 5	AVI		CAUSE O			INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIR	ECTLY				ONSET AND DEATH
		LEADING TO DEATH	CICI	1 C 1	reken- Vorenl	an an	ident
		at maan the made of		DUE TO	refro-voscul		
		asthenia, etc. It means plication which caused					
		NTECEDENT CAUSES		(B) Per	plus of a	so anue	rygur of
D		R CONDITIONS, if	anu civina	DUE TO V			usur of withy.
		above cause (A)		(c) the	ught an	tun e	entral outery.
U	NDERLYING	CONDITION lost.					1
		11			(3) B		
이 이 이	THER SIGNE	FICANT CONDITIONS C	ONTRIBUTING	Hastate	Javes		
ATIO	O THE DI	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING IT	TED TO THE	Figerea	July		
U 19	O THE DI	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CON	TED TO THE T.	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC 15	O THE DI DISEASE OR A. DATE OF	FICANT CONDITIONS CLEATH BUT NOT RELACONDITION CAUSING IT OPERATION 19B. CON	TED TO THE T. DITION FOR W	HICH OPERATION	YES	IN CERTIFYING OA	USES OF DEATH?
CERTIFIC 15	A DATE OF	FICANT CONDITIONS CLEATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CON WAS PERF	TED TO THE T. DITION FOR W ORMED	PLACE OF INJURY (e.g.,		IN CERTIFYING OA	USES OF DEATH?
AL CERTIFIC	A ACCIDENT CONTRIBU	FICANT CONDITIONS CLEATH BUT NOT RELACONDITION CAUSING IT OPERATION 19B. CON	TED TO THE T. DITION FOR W ORMED	PLACE OF INJURY (e.g.,	YES	IN CERTIFYING OA	USES OF DEATH?
DICAL CERTIFIC	O THE DI IISEASE OR A. DATE OF A. ACCIDEN R CONTRIBUEATH (notify) D. TIME	FICANT CONDITIONS CLEATH BUT NOT RELA CONDITION CAUSING I' OPERATION 19B. CONI WAS PERF	TED TO THE T. DITION FOR W FORMED 218, I home etc.	PLACE OF INJURY (e.g.,	YES	(If in Boltimor	USES OF DEATH?
AEDICAL CERTIFIC	A ACCIDEN A CONTRIBU	FICANT CONDITIONS CLEATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CON WAS PERF IT WAS UNDERLYING 1 TING CAUSE OF medical examines)	TED TO THE T. DITION FOR W FORMED 21B. I home etc.) (Hour) 21E. Whill	PLACE OF INJURY (e.g., in foctory, street, on the s	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimor	USES OF DEATH?
MEDICAL CERTIFIC	A ACCIDENT CONTRIBUEATH (notify) D. TIME F INJURY	FICANT CONDITIONS CLEATH BUT NOT RELA CONDITION CAUSING IT OPERATION 1798. CONI WAS PERF IT WAS UNDERLYING TING CAUSE OF medical examiner (Month) (Doy) (Year)	TED TO THE T. DITION FOR W FORMED 218, I home etc.) (Hour) 218, While Work	PLACE OF INJURY (e.g., form, foctory, street, o	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Borismon	USES OF DEATH? e City, Eve exect locotion)
MEDICAL CERTIFIC	O THE DI VISEASE OR A A-DATE OF A-DATE OF A-ACCIDEN R CONTRIBU EATH (notify D. TIME F INJURY PPROX.)	FICANT CONDITIONS CLEATH BUT NOT RELA CONDITION CAUSING IT OPERATION 19B. CONI WAS PERF IT WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Yeor)	TED TO THE T. DITION FOR W FORMED 21B. home etc.) (Hour) 21E. While Work	PLACE OF INJURY (e.g., farm, foctory, street, o	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	IN CERTIFYING OA	USES OF DEATH? City, Eve exoct locotion)
MEDICAL CERTIFIC	O THE DI VISEASE OR A A-DATE OF A-DATE OF A-ACCIDEN R CONTRIBU EATH (notify D. TIME F INJURY PPROX.)	FICANT CONDITIONS CLEATH BUT NOT RELA CONDITION CAUSING IT OPERATION 19B. CONI WAS PERF IT WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Yeor)	TED TO THE T. DITION FOR W FORMED 21B. home etc.) (Hour) 21E. While Work	PLACE OF INJURY (e.g., farm, foctory, street, o	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	IN CERTIFYING OA	USES OF DEATH? e City, Eve exect locotion)
MEDICAL CERTIFICAL CERTIFICATION	A. ACCIDEN A. CONTRIBU EATH (notify D. TIME F INJURY PPROX.) I certify at (1) (we)	TING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hospital last saw the decease	TED TO THE TO THE DITION FOR W FORMED 218, 1 home etc.) (Hour) 21E, Whill Work Dattended the d alive an	PLACE OF INJURY (e.g., form, foctory, street, or injury occurred at Work At Work	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	IN CERTIFYING OA	USES OF DEATH? City, Eve exoct locotion)
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WEDICAL CERTIFICAL TO THE TOTAL TOTA	A. ACCIDEN R CONTRIBU EATH (notify D. TIME F INJURY PPROX.) I certify at (1) (we) d haur and	TIME CAUSE OF MEDICAL CONDITIONS CONDITION CAUSING IT OPERATION 198. CONDITION WAS PERFORMED CAUSE OF MEDICAL CONDITIONS (Month) (Doy) (Year) That (1) (this hospital last saw the decease from the causes stated in the causes stated conditions are considered in the causes stated in the causes stated in the causes stated conditions are considered in the causes stated in the cause s	TED TO THE TO THE DITION FOR W FORMED 218, 1 home etc.) (Hour) 21E, Whill Work Dattended the d alive an	PLACE OF INJURY (e.g., form, foctory, street, or injury occurred at Work edeceased from	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN. 19 65 and the view the bady after death.	IN CERTIFYING OA (If in Borimon JURY OCCUR? 19 65 ta api	USES OF DEATH? City, Eve Exact location) 1965, Inlan death accurred an the date
WEDICAL CERTIFICAL CERTIFICATION CERTIFI	O THE DI ISEASE OR A. DATE OF A. ACCIDEN R. CONTRIBU EATH (notify D. TIME F INJURY PPROX.) I certify at (1) (we) ad haur and A. SIGNATU C. PHYSICIA	PICANT CONDITIONS CLEATH BUT NOT RELACE CONDITION CAUSING IT OPERATION 19B. CONIWAS PERFORMED CAUSE OF medical examiner) (Month) (Doy) (Year) that (I) (this hospital last saw the decease fram the causes state RE	TED TO THE TI. DITION FOR W FORMED 21B. I home etc.) (Hour) 21E. Whill Work Dattended the dalive aned abave. (1)	PLACE OF INJURY (e.g., farm, foctory, street, or injury occurred Al Work edeceased from	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN.	IN CERTIFYING OA	USES OF DEATH? City, Eve Exact location) 1965, Inlan death accurred an the date
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WEDICAL CERTIFICAL CERTIFICATION CERTIFICAL CERTIFICAL CERTIFICAL CERTIFICAL CERTIFICATION CERT	A. ACCIDEN R. CONTRIBU EATH (notify D. TIME F INJURY PPROX.) J. I certify at (1) (we) ad haur and A. SIGNATU C. PHYSICIA NAME (T)	CHARLES	TED TO THE TI. DITION FOR WE FORMED 21B. I home etc.) (Hour) 21E. Whill Work Dattended the dalive aned abave. (1)	PLACE OF INJURY (e.g., farm, foctory, street, or injury occurred Al Work edeceased from M.D. Att Phy	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN. 19 65 and the view the bady after death. 23D. ADDRESS UNION MEM.	IN CERTIFYING OA (If in Borimon IURY OCCUR? 19 65 ta de	USES OF DEATH? City, Ave Exact location) 1965, Inlan death accurred an the date 238. DATE SIGNED 12/6/65
222 th array (23 23 23 24 A . 8	O THE DI ISEASE OR A. DATE OF A. ACCIDEN R. CONTRIBU EATH (notify D. TIME F INJURY PPROX.) I certify at (1) (we) ad haur and A. SIGNATU C. PHYSICIA	CHARLES CHANT CONDITIONS CONTROL ATTENDED TO RELATION OF RELATION CAUSING IT OPERATION 198. CONDITION CAUSE OF MASS PERFORMAND PROPERTY OF THE CONTROL OF T	TED TO THE TI. DITION FOR W FORMED 218. I home etc.) (Hour) 21E. Whill Work d alive an	PLACE OF INJURY (e.g., i.g., farm, foctory, street, o.g., farm, foctory, s	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN. 19 65 and the view the bady after death. 23D. ADDRESS UNION MEM. EMATORY 24D. 12	IN CERTIFYING OA (If in Borimon IURY OCCUR? 19 65 ta de	USES OF DEATH? Colty, Rive Exact location) 1965, Inlan death accurred an the date 238. DATE SIGNED 12/6/65 SPITAL ity, town, or county) (State)
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222 th array (AA) (AA) (AA) (AA) (AA) (AA) (AA) (AA	A A CCIDENT CONTRIBUTATE (NOTE OF CONTRIBUTATE OF CONTRIBUTATE (NOTE OF CONTRIBUTATE OF CO	TIME TONDITIONS CLEATH BUT NOT RELATED TO PERATION CAUSING IT OPERATION 198. CONDITION CAUSING IT WAS PERFORMED TO PERFORM	TED TO THE TI. DITION FOR W FORMED 21B. I home etc.) (Hour) 21E. Whill Work Dattended the dalive an	PLACE OF INJURY (e.g., in foctory, street, or injury occurred at Work edeceased from M.D. Att Phy	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN. 19 65 and the view the bady after death. 23D. ADDRESS UNION MEM. EMATORY 24D. 12	IN CERTIFYING OA (If in Borimon IURY OCCUR? 19 65 ta de	USES OF DEATH? Colty, Rive Exact location) 1965, Inlan death accurred an the date 238. DATE SIGNED 12/6/65 SPITAL ity, town, or county) (State)
222 th array (AA) (AA) (AA) (AA) (AA) (AA) (AA) (AA	A A CCIDENT CONTRIBUTATE (NOTE OF CONTRIBUTATE OF CONTRIBUTATE (NOTE OF CONTRIBUTATE OF CO	CHARLES CHANT CONDITIONS CONTROL ATTENDED TO RELATION OF RELATION CAUSING IT OPERATION 198. CONDITION CAUSE OF MASS PERFORMAND PROPERTY OF THE CONTROL OF T	TED TO THE TI. DITION FOR W FORMED 21B. I home etc.) (Hour) 21E. Whill Work Dattended the dalive an	PLACE OF INJURY (e.g., in foctory, street, or injury occurred at Work edeceased from M.D. Att Phy	n or obout 21C. WHERE DID ffice bldg,, INJURY OCCUR? 21F. HOW DID IN. 19 65 and the view the bady after death. ending Med. rs. Med. pirector 22D. ADDRESS UNION MEM. EMATORY 24D. L	IN CERTIFYING OA (If in Borimon IURY OCCUR? 19 65 ta de	USES OF DEATH? Colty, five exect locotion) 1965, Inlan death accurred an the date 238. DATE SIGNED 12/6/65 SPITAL ity, town, or county) (State)



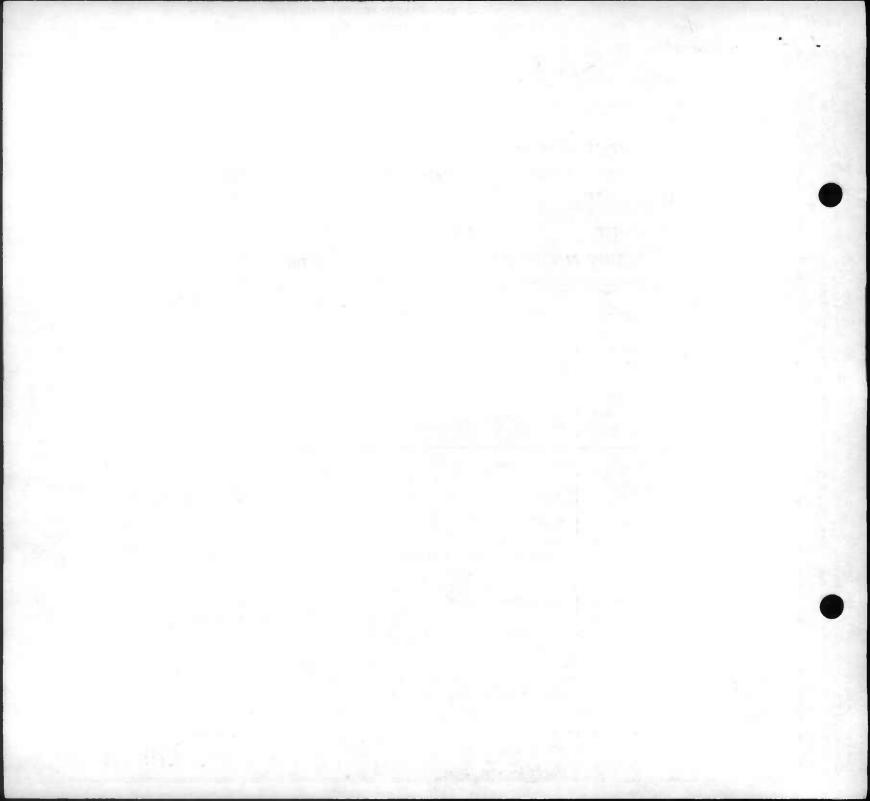
of death Deceased Such and E O hospital death. attendance (2) cause cause; 10 0 2 prior contributing occurred Undetermined regular is mad eceased death disposition ŏ MOS direct (4) assistant LO death final attendance any pronounced OF his SO, embalmed of fracture examiner 9 aminer. regul 0 gre physician the chief medical the remains medical physician the before by where the hospital °Z nature; obtained (9) approved (except and any 0 90 of eath) hospital must accident 70 0 written approval 0 prior to An eceased the body 0.0 shows:

MOS

VS 150-REV. 1/1/65

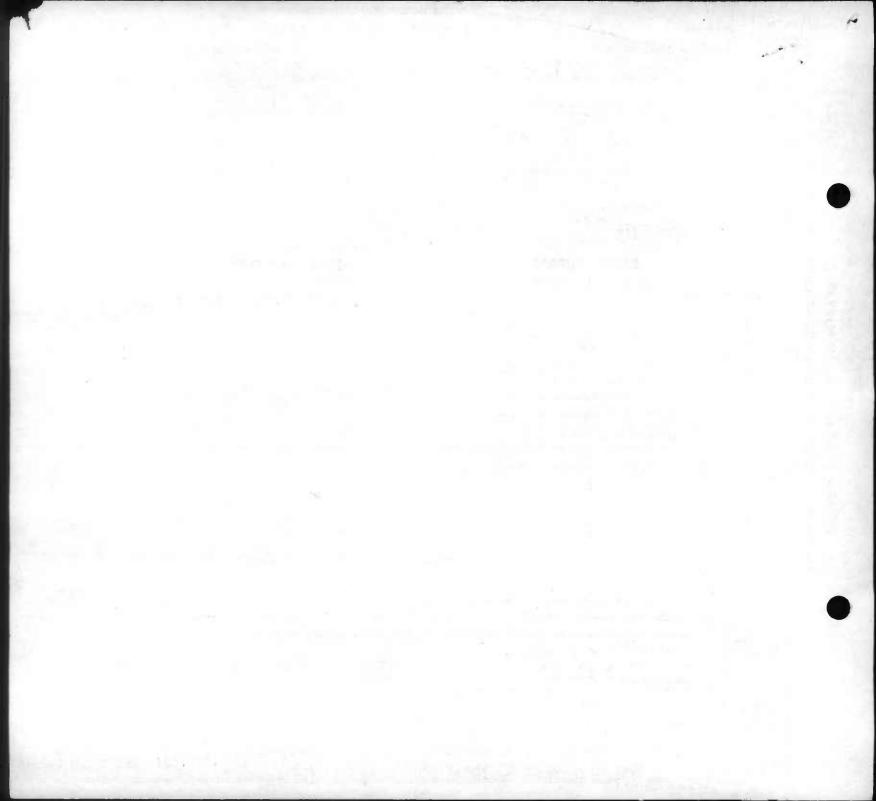
Real stered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN 4. USUAL RESIDENCE (Where decoosed lived, If institution; residence before admission) A. STATE (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address or location C. CITY OR TOWN (If autside city limits, write RURAL and give township INSTITUTION O. STREET ADORESS (If juid, give location SINAI HOSPITAI 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours last birthday FEMALE WIDOWED 10A, USUAL OCCUPATION (Give kind of work) 0B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE LISA AT HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BERNARD ZARAMBOWITZ ESTHER 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. MRS. MILDRED NASDOR 3504 WOODBROOK AVE NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., heart lailure, asthenia, etc. It means the disease, injury at camplication which caused death,) ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION Inst. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 208. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, alfice bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notily medical examiner) etc. 21D. TIME 21E INJURY OCCURRED (Manth) (Day) (Yoar) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX.) Wark At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave. (1) (We) (did) (did nat), view the bady after death, 23A, SIGNATURE 23B, DATE SIGNED Allending Med. Stolf M.D. Phys. Oiroclor 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specily) 12/8/65 BETH YEHUDA ANSHE KURLANDER 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BROS. INC. 6010 REISTERSTOWN RD

LEVINSON &



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was book at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the companies or find direction is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CIT	Y HEALTH DEPARTMENT		OF As
M.E. CASE NO.	5 12540CERTIFICA			65 12540
(Type or Print)	Rose	2. DATE AN	D HOUR OF DEATH	2:40 0
3. PLACE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Whee		itution: residence before admission)
HOSPITAL OR address or lacation		MA /L	tside city limits, write RU	IRAL and give township)
2 5 inal /7	aspital		surol, give lacation)	Ave
5. SEX EMPLE CHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B DATE OF BIRTH	9. AGE (In years	If Under 1 Yı. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) HOUSEWIFE	AT HOME	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME BARRY BURK	ОМ	14. MOTHER'S MAIDEN NAM		
15. Was Deceased Ever in U. S. Armed Farc (Yes, no as unknawn) (If yes, give wor or dates	es? 16. SOCIAL SECURITY NO.	MR. BARRY TUBA	1AN 2622 CY	ADDRESS LBURN AVE
DISEASE OR CONDITION DIRI LEADING TO DEATH (This does not mean the made of heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or is a the abave cause (A) UNDERLYING CONDITION last.	dying, e.g., the disease, death.) (B) DUE TO	OF DEATH Sommany enclosion ASCUD		
OTHER SIGNIFICANT CONDITIONS CO	TED TO THE			
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
OF INJURY (APPROX.) (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED While At Not Why Work Al Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (i) (this hospital) that (i) (we) lost saw the deceased and hour and from the causes state	d olive on	19 ond th	of In(my) (our) opini	on death occurred on the date
23A. SIGNATURE	ed obove. (1) (me) (ala) (ala not)	view the body offer deoff.		23B, DATE SIGNED
23C. PHYSICIAN'S	ugley M.D. A	ttending Med. Director	Stoff Phy s.	12/1/65
NAME (Type) Conard J	T. HERTZBERG M.D	5	Hosp &	2/timere
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 12/8/65	BETH ISRAEL	BA	LTIMORE, MARY	, town, or county) (State) VLAND
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	SOL LEVINSON	E BROS. INC. 60	ADDRESS 010 REISTERSTOWN R
VS 150-REV. 1/1/65	IN THE MAN	1 5		- STOTOWN K



Deceased death

cause; (5)

Undetermined

(4)

kind;

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of

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VS 150-REV. 1/1/65

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cause

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hospital of

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death

IMPORTANT

DIRECTOR: examiner

FUNERAL

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the body was released

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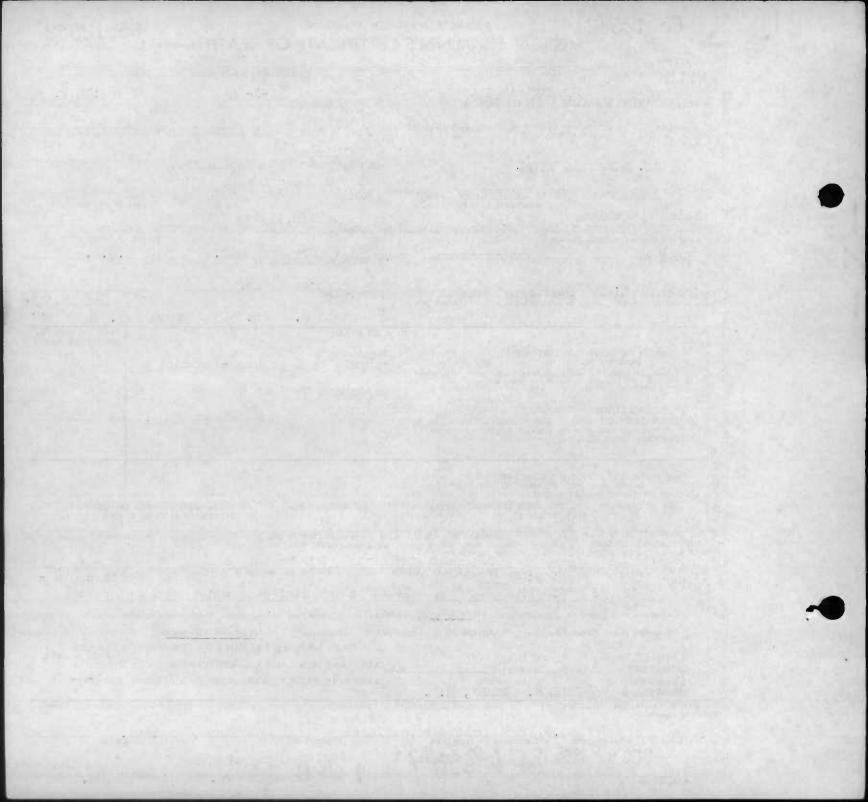
AND THE RESERVE OF THE PARTY OF A TARRET AND A TARRETT AND

POW.	40040	DALTIMODE CITY
3	12542	BALTIMORE CITY H

BALTIMORE CITY HEALTH DEPARTMENT

65 12542

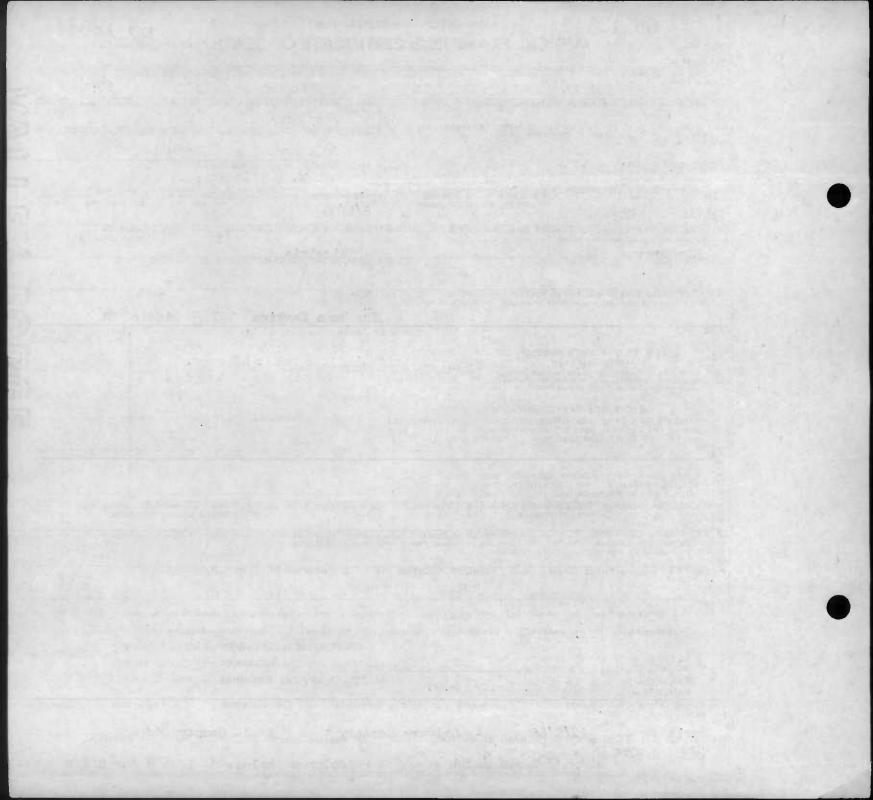
BIRTH NO.	MEDI	CAL EX	CAMINER'S	CERTIFICA	TE OF D	EATH Registe	red Na	エクリー
M.E. CASE NO.								
1. NAME OF DE	CEASED					HOUR PRONOUNCE		
3. PLACE IN BAL	MICHA TIMORE MARYLAND, W		ISON LAUER	12-5-65 4. USUAL RESIDENCE (Where decoosed lived, If institution; residence before admission. A. STATE 8.20 P. N 8.20 P. N				
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryla c. city or to		corporate limits, write	RURAL ond gi	ivo township)
9-20	T. AGNES HOSPI	ГТАТ.		Baltim D. STREET AD	ore	vo location)	23-	800
	1. HONED HODE				wberg Ave			
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIR		9. AGE (In yours lost birthdoy)		r. If Under 24 Hr s : Hours , Min.
Male	White	Sing	_	August	,18,1952	13	I Doy	s i nours i willi.
	CUPATION (Give kind of work working life, even if retired)	TOR KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN C	
School be		MARK WAS NAMED AND		Baltim	ore, Maryl	and.	U.S.	
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME			
Jose	ph J. Lauer	FORCES	16. SO CIAL	Fran 17. INFORMANT	ces Fowle	r	ADDRESS	
	n) (If yes, give wor or dote		SECURITY NO.				(Catonsvil
No	None		None	Joseph	J.Lauer.	305 Newbu		1111
18. E- 9	36.0		CAUS	E OF DEATH				ERVAL BETWEEN SET AND DEATH
DISEA	ASE OR CONDITION DIE	RECTLY			. 12		1	
(This does		dying, e.g.,	(A) A	spnyxia b	y ligatur	e – partia	±	0°====00°°==0====00000°000000000000000
injuly of co	not meon the mode of e, osthenio, etc. It meons omplication which caused	the disease. death.)		uspension	by 100p	of rope ar	ound	
	ANTECENDENT CAUSE	s		hroat				
DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)DUE TO		***************************************			
	HE ABOVE CAUSE (A) ST ING CONDITION LAST.	ATING THE						
NO.			(C)					
O THE	II GNIFICANT CONDITIONS DEATH BUT NOT REI DR CONDITION CAUSING	ATED TO T						
19A. DATE O	F OPERATION 198, CON WAS PERI	DITION FOR	WHICH OPERATION	20A, AUTOP	- IN	B. IF YES, WERE FILL		
Z 21 A. EXTERNA	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,			in Boltimore City, gi	ve exect location	on)
	™OR CONTRIB- USE OF DEATH.	otc./_					5-3-1	00
E 21D TIME	(Month) (Doy) (Year		Basement wash	room 3	05 Newber		1	•
OF INJURY		2:00				rou		nscious -
22.	12 5 '65	PM m. V	VHILE AT NOT	work x pa	rtial sus	pension by	100p 01	rope
	rtify that I held an I	nquiry 🗌	Inspection X A	utapsy a	nd that an this	basis, death in m	y apinian	
resu	Ited fram: Natural cau	ses A	accident Sulci	de Hamie	ide Un	determined manne	er X	
	. 21	61		CHIEF	MEDICAL EXA	MINER X	D	ATE SIGNED
SIGNAT		uh	M.I	D. ASSISTANT	MEDICAL EXA	MINER _		
EXAMI	(Type) RUSSELL	S. FISH	HER, M.D.	ASSOCIATE	MEDICAL EXA	MINER		L2-6-65
23A. BURIAL CRI REMOVAL (Speci		23	C. NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (City,	town, or count	y) (Stote)
Burial			Baltimore, Na	tional		timore, Mar	yland.	RESS
	DEC 9 1965,	Robert	Es Frakey MA		Ling Fune:	ral Estate		
VS 151-REV. 1/1	165 N 9 9 1	X		1730	Joulond Bon	Ave. Cato	nsville,	rid.



65 1254	BALTIMORE CITY	HEALTH DEPARTMENT		
MRTH NO.	CERTIFICA	TE OF DEATH	Registered No	05 40EA3
N.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	1/3/40
(Type of Print) GRant, James		12	19165	11 a
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admissio
FULL NAME OF (If not in hospital or institu	tion give street	MD.		16-1
HOSPITAL OR address or location)	nion, give sheer		tside city limits, write	RURAL ond give township)
	0	BALTIMORE		
3 JOHNS HOPKINS HOSP	IAL		rural, give lacation)	
		818 N. FRE	MONT AVE	
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yı. If Under 24 H Manths Days Hours Min.
M NEGRO	MARRIED	12/31/97	67	
tOA. USUAL OCCUPATION (Give kind of work 108, KIN dane during most al warking life, even if retired)		11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY?
GAMBLER		5, 6,		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
BEE GRANT		ANNIE ?		
15. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no ar unknown) (II yes, give war ar dates of ser	SECURITY NO.	Azalee Gra	1	- Same
UNKN		1 /	2 50 /	
18. /38,01	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D. 14	MANIARY SA	0.4.6	5 YRS
(This does not mean the made of dying,	e.g., DUE TO	MONARY FIB	140>1>	5 //->
heart failure, asthenia, etc. It means the dis injury as camplication which coused death.)	0000			
ANTECEDENT CAUSES	(B) SPH	2001D0515		5 YRS
DISEASES OR CONDITIONS, if ony,				
rise to the above cause (A) stoting		*******************************		
UNDERLYING CONDITION last.				
_				
OTHER SIGNIFICANT CONDITIONS CONTRIB		NONE		
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION		o) 208, IF YES, WERE	F FINDINGS CONSIDERED
NONE WAS PERFORMED		YES	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i home, larm, foctory, street, o		(II in Baltima	are City, give exact (acation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined NO	otc)	ffice bldg., INJURY OCCUR?		
O O	21E INJURY OCCURRED	21F. HOW DID IN	_	
S OF INJURY	While At Not While		oki occar.	
(APPROX)	Work At Wark			
22, 1 certify that (I) (this hospital) atten				EC 7 1965
that (I) (ast sow the deceased alive	on DEC 7	19 65 ond th	nat in (my) (gurt o	pinion death occurred on the d
ond hour and from the causes stated abo	ve. (1) (WE) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	AND THE PROPERTY OF THE PROPER		/	23B. DATE SIGNED
Waland CBall	M.D. Att	ending Med. Director	Stoff Phys.	12/7/65
23C. PHYSICIAN'S		23D. ADDRESS	4 4 0	
NAME (Type)	IR M.D.	John Hopkin	2 Hour tal	
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	City, tawn, at caunty) (State)
REMOVAL (Specify)	Pull Car	tour C	+0	
25A, DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ar I ths Dur	ADDRESS
DEC 9 1965 P. P. A 2	Stronger ()	151//1 17/	1-14- 1011	111.11.11
VS 150-REV. 1/1/65		14/11/04/49	1-9/11 cme-/	11/12/inglan rive
13 130-KLY. 1/1/03				

THE THEORY FILE SILV

BIRTH NO.	MED	ICAL EX	CAMINER'S	CERTIFICATE OF	DEATH Registe	red No	TOO.T.
M.E. CASE NO.							
1. NAME OF DE					D HOUR PRONOUNC	ED DEAD	
	SAMUEL		WINSTON	Decemb	per 5, 1965		11:15 A
FULL NAME OF HOSPITAL OR INSTITUTION	IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	A. USUAL RESIDENCE (Where A. STATE Maryland C. CITY OR TOWN (If outside Baltimore D. STREET ADDRESS (If rurol, 327 W. Bio	e corporate limits, write	YTY	
5. SEX	6. RACE	17 A4 A BRIED	NEVER ALABOTED	8. DATE OF BIRTH		11/ 11-1-1	1 Yr. If Under 24 H
Male	Negro		NEVER MARRIED DIVORCED(specify)	6/4/00	9. AGE (In years lost birthdoy) 65		Doys Haurs Min
done during most af	warking life, even if retired)	KTOB. KIND OF	BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign		12. CITIZE WHA	EN OF T COUNTRY?
13. FATHER'S NA	rer ME			Virginia 14. MOTHER'S MAIDEN NAM	E		
					227 5 05 115		
15 WAS DECEAS	ED EVER IN U.S. ARMED	FORCESS	16, SOCIAL	17. INFORMANT		? ADDRESS	
	(If yes, give wer or dote		SECURITY NO.	Mrs Emma Hawkir	is 327 W B	iddle	St
118.	20.0	-	CALLS	E OF DEATH	10 721 11 2		INTERVAL BETWEEN
DISEASES RISE TO THE UNDERLYI OTHER SIG	ANTECENDENT CAUS OR CONDITIONS, 15 A HE ABOVE CAUSE (15 A NG CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	CONTRIBUTING					
H	F OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yas ar No)	208. IF YES, WERE FILE		
O UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Day) (Yea	r) (Hour) 2	, fam, factory, streat, TE. INJURY OCCURRED WHILE AT \(\tag{NOT} \)	, in ar obout 21C. WHERE DID affice bldg., INJURY OCCUR?		ve exoct lo	cotian)
	rtify that I held an I	Inquiry 🗌	Inspection A	de Homicide CHIEF MEDICAL EX	CAMINER _		DATE SIGNED
SIGNAT EXAMI NAME	NER'S Charle	s S. Pet	tty, M.D.	ASSOCIATE MEDICAL E			12/5/65
23A. BURIAL CRI REMOVAL (Spaci	EMATION, 23B. DATE	23	C. NAME OF CEMETERY	or CREMATORY 23D. L	OCATION (City,	, town, or c	county) (Stata)
Burial 24A. DATE RECT	BY HEALTH DEPT.	165 248 NAME	MT Calvary	Cemetry	A County	Md	DDRESS
DEC 9	9 1965 Robert	18. Ja			alstead 120	6 W No	orth Ave
VS 151-REV. 1/1.	/65						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1-03/00	BALTIMORE CI	TY HEALTH DEPARTMENT	0-10-15
BIRTH NO. 36 65 1	CERTIFIC	ATE OF DEATH Registered No.	.65 12545
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	1
(Type or Print) WILLIAM LASS	STTER	12-4-65	9:50A
3. PLACE OF DEATH IN BALTIMORE,		4. USUAL RESIDENCE (Where deceased lived, If	
		MARYLAND	8-17
HOSPITAL OR oddiess or loc	ital ar institution, give street ation)		RURAL and give township)
INSTITUTION	TIME HOUSTONIC		KOKAL ONG GIVE IOWNSMIP!
	CITY HOSPITALS	D. STREET ADDRESS (If jurd, give location)	
4940 EASTER		2020 7343777777777 077 177077	
BALTIMORE, 6. SEX 6. RACE	7. MARRIED. NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 H
MALE NEGRO	WIDOWED, DIVORCED (specify) DIVORCED	3-1916 · lost birthdoy	Months Days Hours Min.
IOA, USUAL OCCUPATION (Give kind at a dane during mast af warking life, even if retire		RY 11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
Laborer		N. CAROLINA	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	?	Mr Herb ert Tassiter	7 courter St
5. Was Deceased Ever in U. S. Armed Yes, no or unknown) (It yes, give war ar	dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	245-20-5397	RECORDS: BCH 4940 EASTE	ERN AVE. #21224
18. / /		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY	0 / -	ONSET AND DEATH
LEADING TO DEA	TH	(a luna c	months
(This does not meon the mode			- Julyung
heart foilure, osthenio, etc. It me injury or complication which cou		motoritanen	424
ANTECEDENT CAU	SES (B)	11000000000	
DISEASES OR CONDITIONS,	DUE TO		
rise to the obove couse (
UNDERLYING CONDITION Iosi.			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R	RELATED TO THE		
DISEASE OR CONDITION CAUSIN	ONDITION FOR WHICH OPERATION	2004 AUTOBERS (Von as New 2008 15 vers livery	SINDINGS CONSIDERS
	PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERI	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYIN	G 218 BLACE OF INITIBY IS	, in or about 20°C. WHERE DID (If in Baltime	ore City, give exact location)
OR CONTRIBUTING CAUSE OF	hame, form, foctory, street,	office bldg., INJURY OCCUR?	ire city, give exoct location/
U	etc.)		
OF INJURY (Manth) (Day) (Ye		21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Wark At Wa	/hile	
22 1	ital) attended the deceased fram		ec. 4 1965
that (1) (we) last saw the dece			,
		19 6 2 and that in(h) (our) of	ointan death accurred on the d
	stated abave. ((We) (did) (did nat) view the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
X-11 - 11		Attending Med. Staff Phys. Director Phys.	12/4/6,-
23C. PHYSICIAN'S		23D. ADDRESS	11-11-1
K. R. Tucl	ker M.	b. 4940 Eastern Avenue, B	altimore,
4A. BURIAL CREMATION, 24B. DATE			Maryland City, town, or county) (Stote)
REMOVAL (Specity)		To to collina	
Burial 12/8/6		etry Baltimore Mo	
DEC 0 1965 A	25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
חדר פ ושחים הריה	and C. Torosan	Adolphus BHalstead 120	06 W North Ave
VS 150-REV. 1/1/65			



Childin & hashel and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such was a prior to death. Such was a prior to death. Such was a prior to death. This certificate must be approved by the chief medical examiner or his assistant if death IMPORTANT FUNERAL DIRECTOR:

of death

BIRTH NO.	65	1254		TE OF DEATH	Registered Na	.65_12546
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	CEASED .	Ma	Cain		7 / 65	11/2n A.
FULL NAME OF DE HOSPITAL OR INSTITUTION	ATH IN BALTIMORE, MA	on)			here deceased lived. If JNTY	RURAL ond give Township)
5. SEX	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F	С	WID	OW	2-4-1901	64	77011113
	UPATION (Give kind of wor working life, even if retired)	k 108. KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHE ACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
H ouse				North Caroli		
3. FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
	Fletcher Loma			Unknown		
5. Was Deceased Yes, no or unknow	d Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	Margaret Harr	is 1005 Alex	ADDRESS cander Ave.
18. 44	3 X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI		Sec ()	00.0- 0	00-	1 k 100 -
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE TO	mplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) G CONDITION last. II DIFFICANT CONDITIONS (DEATH BUT NOT REL	S any, giving stating the	DUE TO	RDIAE A ASCVD		15-70 YR
	F OPERATION 198. COI		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	ho	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)	or obout 21 C. WHERE DID	(If in Baltime	ore City, give exact lacotion!
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	W	E. INJURY OCCURRED While At Not While At Work		NJURY OCCUR?	
that (I) (we) last saw the deceas	ed alive an	the deceased fram	19 () and	that in (my) (aur) a	pinian death accurred an the d
23C. PHYSICI NAME (ASHLE	7. 4	a ase M.D. Atte	ending Med. s. Director 23D. ADDRESS	Stoff Phys.	12/7/65 B HOSPITAL
REMOVAL	(Specify)	240.1	NAME of CEMETERY OF CRI			City, town, or countyl (State)
Remov		1965	OF REGISTRAR	25C. FUNERAL DIRECT	Reidsville, N	ADDRESS
DEA	AAAM A	230 NAME	6 5 0 0	1 500 0		27 N. Monroe St.
/S 150-REV. 1/1	9 1965 P.O.	48 3	L. Gov. HUN	HILLINGTON S.	rnillips 1/2	IN MONTOS DE

APPENDAGE STREET (NASCAC)

A Stellar 7 Hoase And the state of t

and of death Deceased

a hospital

Such

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deceased

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Was the

death U O disposition

are embalmed or final

obtained before the remains

No physician was

attendance

regular

who

physician

3 where

nature; 9

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An accident

at

D.O.A.

(except

and any

death) a hospital

deceased prior to

written approval

must

approved

certificate must

the body shows: Was

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attend 0

cause; (5)

Undetermined regular is mad

(4)

cause

contributing

occurred

death

EXAMINER

MEDICAL

RELEASED

CERTIFICATE OF DEATH

2. DATE AND HOUR OF DEATH December 6, 1965

(If turol, give location)

	0	-	

	PLACE	OF	DEATH	IN	BALTIMORE,	MARYLAN	D			

RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE

FULL NAME DE HDSPITAL DR

(Type or Print)

(If not in hospital or institution, give street oddress or location)

Maryland C. CITY OR TOWN (If outside city limits, write RURAL

Baltimore City Hospitals

Henry Hawkins

Baltimore D. STREET ADDRESS

21225

4940 Eastern Avenue Baltimore, Maryland 6. RACE

8. DATE OF BIRTH

ff Under 1 Yr. If Under 24 Hrs. Hours

Male

5. SEX

7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) Married

10-4-1901 11. BIRTHPLACE (State or foreign country)

9. AGE (In years 64

IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during profit of working life, even if retired)

Negro

3001 Cherryland Road

12. CITIZEN OF WHAT COUNTRY?

13. FATHERS NAME

Richard

6. SOCIAL SECURITY NO.

Cola 7. INFORMANT

ADDRESS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)

DECODE . DOU /O/O E-

			Idso ottos : Don 4	740 Eastern	Avenue Lizza
LE	OR CONDITION DIRECTLY	(A)	OF DEATH CVA		INTERVAL BETWEEN ONSET AND DEATH
heart failure, as injury or compli	meon the mode of dying the nio, etc. It meons the discolion which coused death.	sease,)	Hypnims	ín	?
DISEASES OR	CONDITIONS, if ony, obove couse (A) statin		ASCVO		?
E TO THE DEA	II CANT CONDITIONS CONTRI TH BUT NOT RELATED DINDITION CAUSING IT.		inquiral her	nia	?
19A. DATE OF O	PERATION 198 CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED .USES OF DEATH?
U 21A. ACCIDENT	WAS UNDERLYING ON CAUSE OF edical examined		office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
OF INJURY	Month) (Doy) (Year) (Hou	While At Not W	21 F. HOW DID IN	JURY OCCUR?	

IMPORTANT A so. DIRECTOR: medical medical FUNERAL o the hospital

22. I certify that (1) (this hospital) ottended the deceased from that (1) (we) lost sow the deceased alive on

At Work

M.D.

and that latmy) (our opinion death occurred on the date

and hour and from the couses stated above (1) (We) (did) (did not) view the body after death.

Work

Plant on	7.1111	Tore 6
3C. PHYSICIAN'S	- Girio	Wind The second

Attending 23D. ADDRESS

Stoff Phys. Director

23 B. DATE SIGNAD

Dr. Clayton Moravec

or CREMATORY

4940 Eastern Avenue Baltimore, Md. 21224

Burial (Specify)	121	10/65
25A DATE REC'D BY HEAL	TH BED	R2CI T

NAME OF REGISTRAR

24C. NAME of

. FUNERAL DIRECTOR

9

Med.

VS 1S0-REV. 1/1/65

(APPRDX)

1 11/19 195610 195610 - 30 -3/21

	1		BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRT	H NO. 65 288	65 12	548 CERTIFICA	TE OF DEATH	Registered No.	65 12548
M.E	AME OF DECEA				AND HOUR OF DEATH	
	e or Print)		Hian Sterling		mber 22, 196	
3. P	LACE OF DEATH	IN BALTIMORE, MA		4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. II	institution: residence before admission)
-	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or location Provident			outside city limits, write	RURAL and give township)
2 6			sion Street	Baltimore		
1		Baltimore,		D. STREET ADDRESS (2605 Fairvie	of turol, give location) W Avenue	
5. S		Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
t0A	USUAL OCCUP		108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
				Maryland		U.S.A.
	FATHER'S NAME Villiam	STE	Rling	Brow n	AME	
15. \ (Yes	Was Deceased Ev	ver in U. S. Armed For f yes, give wor or dote	ces? 16. SOCIAL	17. INFORMANT	-	ADDRESS
	1B. 7/2		CALISE C	OF DEATH		INTERVAL BETWEEN
	100 -					ONSET AND DEATH
		OR CONDITION DIE	RECILY	Rent notes	4. 1. 7. 1.	
		mean the mode of	dying, e.g., DUE TO	Spring	y porres	2
	heall failule, as	thenia, etc. It means icotion which coused	the disease,	Respirator Pulminary Immat	Misone	
			(B)	Pulmonary	. Atelecto	
Н		ITECEDENT CAUSES	DUE TO			
		CONDITIONS, if above cause (A)	any, giving	I mm of	INVITED	
H		CONDITION lost.	siding ine (C)			00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		11				
ATION	TO THE DEA	CANT CONDITIONS CATH BUT NOT RELA	TED TO THE			
ERTIFIC	19A. DATE OF O	PERATION 198 CON WAS PER	DITION FOR WHICH OPERATION FORMED	Yes	No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CALC	21 A. A CCIDENT OR CONTRIBUTE DEATH & (notify m	WAS UNDERLYING NG CAUSE OF	218 PLACE OF INJURY (e.g., home, form, loctory, street, etc.)	in or about 21 C. WHERE DID	(II in Boltimo	re City, give exact location)
EDIC		Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
S	(APPROX)		While At Not Whi Work At Work			
) attended the deceased from N			ember 22, 19 65
	that (I) (we) Io	st saw the decease	d alive on November 22,	19 65 and	that in (my) (aur) ap	inian death accurred an the dat
	and hour and f	from the causes stat	red abave. (I) (We) (did) (did nat)	view the bady after death	h.	
	23A. SIGNATURE					23B. DATE SIGNED
	Upon CO		e /Lieirus Ph	tending Med. pirector [23 D. ADDRESS	Stoff Phy s.	November 30, 1965
	NAME (Type	Dr. Vince	nt Blake M.D.	1514 Divis on	Street	272 / 810

24A. BURIAL CREMATION, PETTE 6 1985. NAME of CEMETERY OF CREMATORY IN DOZAD COCATION MARCHINE COUNTY (Stote UNIVERSITY MEDICAL SCHOOL DEC 9 1965 C. J. S. NAME OF REGISTRAR MORTUARY SERVICE — BCHD VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

9

1.5 10111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BALTIMORE CITY		C- 10- V
MRTH NO. 65-29/15 65 1254	CERTIFICA	TE OF DEATH Registered	No. 65 12549
ype or Print)	ke Faust	November 22,	
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived.	
FULL NAME OF (If not in hospital or instit	ution, give street	Maryland	-02
HOSPITAL OR oddress or locotion)		c. CITY OR TOWN (If outside city likits, v	write RURAL and give township)
9 Provident Hos		O. STREET ADDRESS (If rurol, give locotion	n)
Baltimore, Ma		503 Wilson Street	
SEX 6. RACE 7. MA	RRIED, NEVER MARRIEO DOWED, DIVORCED (specify)	8. Date of Birth 9. AGE (In yeors lost birthday) November 22,1965	Months Ooys Hours Min.
Female Negro OA, USUAL OCCUPATION (Give kind of work) One during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME		14. MOTHERS MAIDEN NAME	
Frank Faust		ANNI - FA	WST
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	AODRESS
18. 762.01	CAUSE C	DF DEATH	INTERVAL BETWEEN
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stoting UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO	giving the (C)	leonatal cleath clu O Cerebral Hypox	cia
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, W	VEDE EINDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A ACCIDENT WAS UNDERLYING		Yes IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Bol	ltimore City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour	While At Not Whi		
(APPROX.)	Work At Work		A -J
(APPROX.)			ovembe r 22, 1965
22. I certify that (I) (this hospitol) otten	nded the deceased from NO		ovembe r 22, 1965
22. I certify that (I) (this hospitol) otten that (I) (we) last sow the deceased alive and hour and from the couses stated obc	e on November 22,	vember 22, 1965 to No. 1965 ond that in (my) (aur	
22. I certify that (I) (this hospital) attention that (I) (we) last sow the deceased aliverand hour and from the causes stated about 23A. SIGNATURE	e on November 22,	vember 22, 1965 to No. 19.65 to	
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (we) last sow the deceased alive and hour and from the couses stated obcever. 23A. SIGNATURE 23C. PHYSICIANS NAME (Title)	e on November 22, ave. (1) (We) (did) (did not)	vember 22, 1965 to No. 1965 ond that in (my) (aur) opinion death occurred on the d
22. I certify that (I) (this hospitol) often that (I) (we) last sow the deceased alive and hour and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Covers	e on November 22,	vember 22, 1965 to No. 1965 to	238. DATE SIGNED November 30, 196
22. I certify that (I) (this hospitol) often that (I) (we) last sow the deceased alive and hour and from the couses stated obcomes and the couses stated obcomes and the couses stated obcomes and the couses stated obcomes are alived by the couses are alived by the couse are alived by the co	ave. (I) (We) (dld) (did not) AT M.D. AT M.D. AT	vember 22, 1965 to No. 1965 to	238. DATE SIGNED November 30, 196

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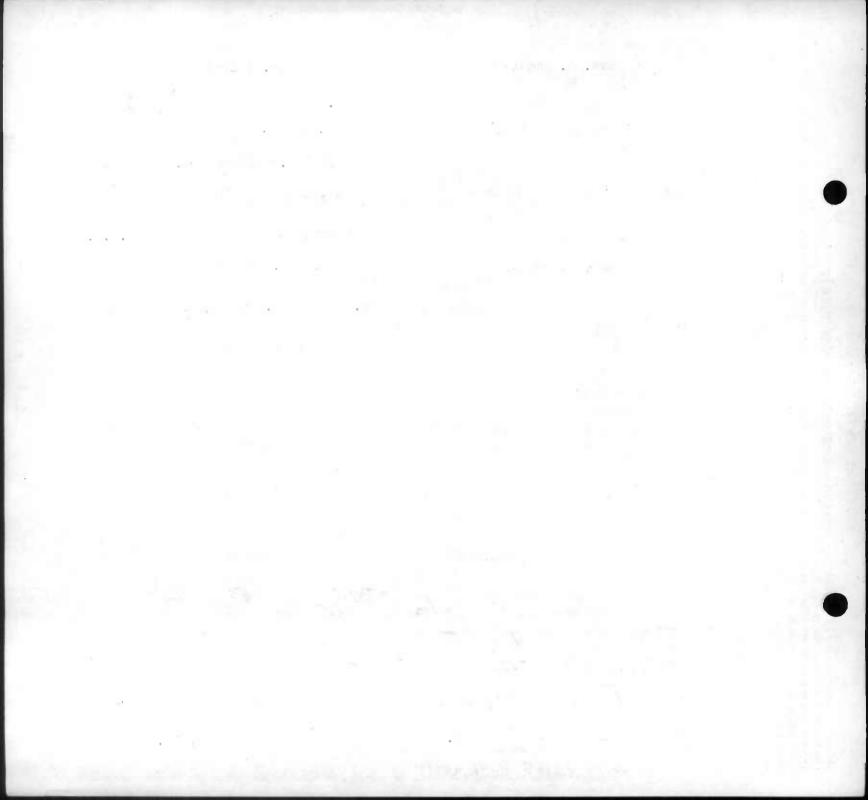
	65 125	BALTIMORE CITY	HEALTH DEPARTMENT		65 12550
	H NO.		TE OF DEATH	Registered No	100 T/2000
1. N	AME OF DECEASED	EΔ	NO 2. DATE AN	D HOUR OF DEATH	
(Тур	e or Print) KATE W	ELDON C	otherine 12 -	4-65	M.
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whore A, STATE B, COUNT	deceased lived. If instit	ution: rosidonce before admission)
	FULL NAME OF (If not in hospitol or instituti HOSPITAL OR oddress or location) NSTITUTION	on, give stroet	C. CITY OR TOWN (IF OUTS	BALT	MORE RAL and give township)
0			BALTIMO D. STREET ADDRESS A HIT	RE #	3-30
5	04 Cherry Hill	Road	904 Cher	ry Hell	rrad
5. \$		NEVER MARRIED (Specify)	Mayl, 1892	ost birthday	If Under 1 Yr. If Under 24 Hrs. Aonth's Doys Hours Min.
	"USUAL OCCUPATION (Give Wind of work 10 B. KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or foreig	an country)	12. CITIZEN OF WHAT COUNTRY?
	MAIO	ONE	HAR FORD C	DUNTY MO	u.s.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
15.	Was Deceased Ever in U. S. Armed Forces?	O N	MA991	E ?	ADDRESS
(Yo	(If yes, give wor or dotes of servi	SECURITY NO.		0	
	NO -	212-26-83	50 ELSIE	HALL	SAME
	1B. 420.11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	An	+= 0: . eal + 0	tia Hennt	NO FACE 11/2 VOC
	(This does not mean the made of dying,		EKIO SCHERO	16 HEART L	ISEASE 1/2 YRS
	hearl failure, asthenia, etc. It means the dise- injury or complication which coused death.)	ase,			
	ANTECEDENT CAUSES	(B) CO.	RONARYHEART	DISEASE	11 DAYS
	DISEASES OR CONDITIONS, if ony, give				
	rise la lhe abave cause (A) sloling				
	UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		Lity		
ICA	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
ERTIFIC	WAS PERFORMED		NO	IN CERTIFYING CAUS	ES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (o.g., in homo, form, foctory, street, of etc.)	n or obout 21C. WHERE DID	(If in Boltimore C	lity, give exact location)
DIO	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
A	OF INJURY (APPROX.)	While At Not While	e		
		Work At Work		10	
	22. I certify that (I) (this beapital) attended	10 11		9.68 10 11-	25 19.65
	that (1) (we) lost sow the deceased alive	on /2-H	19 65 and the	ot in(my) (🗪) apinio	on death occurred on the date
	and hour and fram the couses states above	e. (1) (We) (did) (did not) v	lew the body ofter death.		
	23A SGNATURE		/	2	B. DATE SIGNED
	Heller 1 - L	Con M.D. Atte	ending Med. Director	Stoff Phy s.	12-4-65
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 10	1 1
	/ NAME JOKKI/ (Eluckmo.	477-141	Alp Kd	' Maltors and
24		C. NAME of CEMETERY OF CRI	EMATORY 24D, LC	SCATION (City,	own, or county) (Stote)
	BEMOVAL (Specify)	last a 1	1 1	10	1 0 A
254	DUTIAL 12-7-65 L. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAL	25C, FUNER DIRECTOR	cooklyn	maryland
	DEC 9 1965 R.O. F. 8	700 200	1	f Pur	222 huch - A
VS	150-REV. 1/1/65	VICUSIANO PUR	your	Iv. rus	dodd no haren
			•		a

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DEC 9

Relate E. Fre Cours

		1000		BALTIMORE CITY	HEALTH DEPARTMENT		OF 49554
	BIRTH NO.	55 1255	1	CERTIFICA	TE OF DEATH	Registered No	65 12551
	M.E. CASE NO.	EASED				AND HOUR OF DEAT	Н
	(Type or Print)	Eva. C. R	andles			7 1965	M.
	3. PLACE OF DEA	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (V. A. STATE B. CO	here deceased lived. II	institution: residence before admission)
	FULL NAME O	F (If not in hospital a	or institution,	give streel	Md.		RURAL and give township)
-	INSTITUTION	University Ho	spital		Baltimo		
3	X				D. STREET ADDRESS	(If rural, give location)	
6	V				520 W.	Mulberry St.	
E	Female	6. RACE White		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH May 11, 1889	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Si uo		UPATION (Give kind of work working lite, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
disposition	Homem	aker			Maryland 14. MOTHERS MAIDEN	50.00	U.S.A.
000	13. FATHER'S NAM	ME					
SIS		Isaiah Rem				Routzahn	
0	15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed Fore	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			None	Mr. Charles K	. Randles 16	20 Waverly Way
or tinal	1B. 42	0.01		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION DIR	ECTLY	1/0	TERIOSCLAROTIC	- Uman D	Years
E	(This does r	nal mean the mode of	dying, e.g.,	DUE TO	110KIC SCARROTT	- Menter Vi	's. YEARS
embalmed	heort failure,	aslhenia, etc. II means	the disease,				
E		ANTECEDENT CAUSES		(B)		r aar aaaaa aa a a aa a aa aa aaaaaa a aaa aa	
0		OR CONDITIONS, if	any aivina	DUE TO			1.0
0	rise to the	e abave cause (A)		(C)	**************************************		000000000000000000000000000000000000000
ins	UNDERLYING	G CONDITION last.					
E	Z OTHER SIGNI	 IFICANT CONDITIONS C	ONTRIBUTIN	G			
0	E TO THE D	EATH BUT NOT RELA	TED TO TH	E			
Pe Pe		OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
0	# 1						Addition bearing
before the remains	OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF	218 hom etc.	re, form, foctory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR	(II in Boltim	ore City, give exact location)
	21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
ained	OF INJURY		Wh	ile At Not While	e 🗍		
p	22 1 cartify	that (1) (this hospital			3/15	1963 10	12/2 1965.
pe o		last saw the decease		(//10	1961 and		pinian death accurred an the date
	and hour and	from the causes stat	ed abaye. (I) (We) (did nat) v	iew the bady after deat	h.	
must	23A. SIGNATU	JR#	1	2			238. DATE SIGNED
		un lo.	Larla	M.D. Atte	s. Med. Director	Stolf Phys.	1.2/8/65
approval	23C. PHYSICIA NAME (T		12.		23D. ADDRESS	0	0
b		IRVIN	10.K	APLAN M.D.	129 5.1	DEONDWAY	1 13AETO 3, 110
	24A. BURIAL CRE		24C. N.	AME of CEMETERY OF CRE	MATORY 24D	LOCATION	City, town, or county) (State)
0	Burial	12/10/6	5	St. Paul	7	Myersville,	Md.
riften	0 -	BY HEALTH DEPT.		OF REGISTRAR	250 FUNERAL DIRECT		ADDRESS
}	DEC	9 1965 0 0 1	72 F	ALLEN O 17	William	Frickner+	Som Morth + la aves

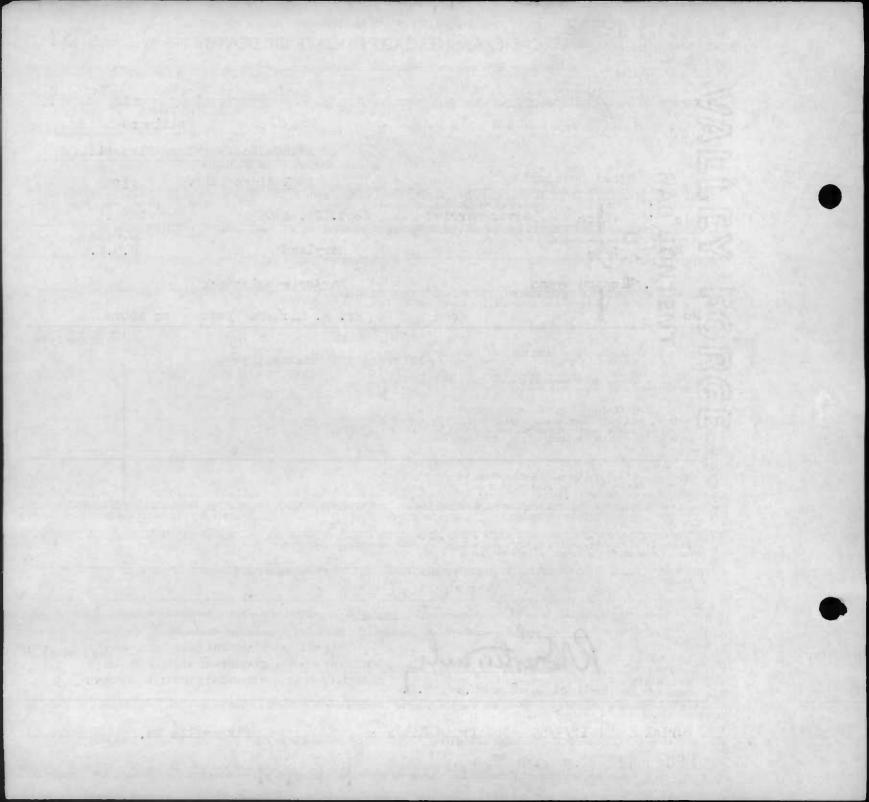


				BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH M.E.	NO. CASE NO.	65 125	52	CERTIFICA	TE OF DEATH	Registered Na	65 125\$2
1. NA/	ME OF DECE			LAFE WEST MA		NO HOUR OF DEATH	VE 11 004
3. PL /	ACE OF DEA	HONEYW		LMER MI	4. USUAL RESIDENCE (W)	nere deceased lived. If ins	11:00A.
		Mr. on to be added			MARYLAND	INTY	200 +
НО	LL NAME OF	(If not in hospital oddress or locatio		give street	C. CITY OR TOWN (IF	outside city limits, write R	JRAL and give township)
12	, in o nor	ST. AGNE	S HOSP	ITAL	BALTIMORE		3200
0						If rurol, give location)	10.0
5. SEX		6. RACE	7. MARRIED.	NEVER MARRIED	8227 PARKW	9. AGE (In years	If Under 1 Yi. If Under 24 His.
	ALE	WHITE	MARR	LED (specify)	11-16-1900	BH 65	If Under 1 Yi. If Under 24 His. Months Doys Hours Min.
		corking life, even it retired)		EMPLOYED	MARYLAND	reign country)	U.S.A.
	RANC IS		WELL		VIRGINIA		
15. We	os Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	NONE	flf yes, give wor or dote	es of service)	214-01-782	9 ST. AGNES	HOSPITAL R	RECORDS
18	00	7.201		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI LEADING TO DEATH	RECTLY		Unlarge sabtie	. Sundana	
		ot mean the mode of asthenio, etc. It means		DUE TO	MIRCHOLD SAVINGE BILL	an Sy navewine	K.,
		plicolion which coused		2	4.00010100	11 0-10-16	
	Α	NTECEDENT CAUSES		DUE TO	in to the senior	MOUCLESCIPLE	
ri	se to the	R CONDITIONS, if obove couse (A) CONDITION last.		(C)	Syndrome (Ser	ere malnutripti	64)
		- 11		r	configure 4	DOD I D	Ver
	O THE DE	EATH BUT NOT RELATIONS CONDITIONS	ATED TO THE	,	aphysemoc	this toll resold	
	A. DATE OF	OPERATION 198. CON WAS PER		VHICH OPERATION	20 A. AUTOPSY? (Yes or)	No. 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
0 2	R CONTRIBU	TING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, o	n or obout 27 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
W A	D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
	APPROX.)		Whi	le At Not While At Work			
		that (1) (this hospita		ie decoused iroin	UGUST 29	19 65 to DEC	
11	nat (1) (we)	last saw the decease	ed alive on	DECEMBER 7	19 65 and	that In(my) (our) apin	ian death accurred on the date
			ted above. (I) (We) (did) (did nat) v	riew the body after death		
23	A. SIGNATU	Cerri	Pe.	Soil M.D. AH	ending Med.	Stoff F	23B. DATE SIGNED
23	C. PHYSICIA	V.	0.	Phy	s. Director 23D. ADDRESS	Stoff Phy s.	12-7-65
	NAME (Ty		L Go	BAL M.D.	-vo. Abbitos		
	BURIAL CREA	Pecify) 248. DATE	1 24C.NA	ME of CEMETERY or CR	EMATORY 24D.	LOCATION (City	, town, or county) (Stote)
	Buri	al 12/10/	25	marelan	cel 1	Bally	Act
25A. I	DATE REC'D	BY HEALTH DEPT.	25B. NAME 6	F REGISTRAR	25C. FUNERAL DIRECTO	of Maria	Male / Sally
VS 15	0-REV. 1/1/6	1955 (1) D	र हे, ज्य	Albert M.	wy Luce	MUNHOUS	111111111111, 1111

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	65 12553	BALTIMORE CITY HEAL		.65 12553
BIRTH NO. 65		ICAL EXAMINER'S C	ERTIFICATE OF DEATH Register	ed No.
M.E. CASE NO			2, DATE AND HOUR PRONOUNCE	D DEAD
(Type or Print)			December 7, 196	
3. PLACE IN B	HENRY WYMAN	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution and the state of the state	
FULL NAME C	F (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write	
HOSPITAL OR	ADDRESS OR LOCA	(II Ola)	KXKKXXXXe, Maryland	
10			D. STREET ADDRESS (If rurol, give location)	TIVEDATITE
	Sinai Hospi	tal	7802 Ridge Terr.	21208
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
male	white	Never married	Sept. 27, 1965	Months Doys Hours Min.
IDA. USUAL O	CCUPATION (Give kind of worl		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most	of working life, even if retired) er worked		Maryland	U.S.A.
13. FATHER'S N			14. MOTHER'S MAIDEN NAME	U.D.A.
	M Dishand Wan	0.00	Mamiania Mainetaals	
15. WAS DECE	M. Richard Wym.	FORCES? 16. SOCIAL	Marjorie Weinstock	ADDRESS
(Yes, no or unkne	own) (If yes, give wor or dote	s of service) SECURITY NO. None	Mr. M. Richard Wyman a	s above
				INTERVAL BETWEEN
18.	XI	CAUSE	OF DEATH	ONSET AND DEATH
DISEAS RISE TO UNDERI	es not meon the mode of lure, ostherio, etc. It meons complication which coused ANTECENDENT CAUSE ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S'LYING CONDITION LAST.	is the disease, death.) ES INY, GIVING DUE TO TATING THE (C)		
	E OR CONDITION CAUSING	G IT.		
19A. DATE	OF OPERATION 198, CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	
O UNDERLYIN	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.	218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C, WHERE DID (If in Boltimore City, give office bldg., INJURY OCCUR?	re exoct location)
21 D TIME OF INJURY (APPROX.)			21F. HOW DID INJURY OCCUR?	
	certify that I held an I	nquiry Inspection Au	tapsy X and that an this basis, death In m	
ACTI	UAL ATURE	nester uly MO	CHIEF MEDICAL EXAMINER X	DATE SIGNED
NAM	- (·/po/	Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER	12-8-65
23A, BURIAL REMOVAL (Sp		23C. NAME of CEMETERY	CREMATORY 23D. LOCATION (City,	town, or county) (Stote)
Buri 24A. DATE RE	al 12/9/	65 Druid Ridge	Pikesville	Md. ADDRESS
DEC	9 1965 (of E. Falling	William & Fickners So	no north + Pa. an
VS 151-REV. 1	1/1/65			



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death to shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	6	E 40== 1
ыктн но. 65 12554	CERTIFICA	TE OF DEATH	Registered Na.	35 12554
M.E. CASE NO. 1. NAME OF DECEASED			OUR OF DEATH	
(Type or Print) Daisy / Mabel	Costin			9651 115 A W
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where de	sceosed lived. If in:	765 11 15 A M. stitution: residence before admission)
No. of the last of		A. STATE B. COUNTY	-	
FULL NAME OF (If not in hospital or institution of the control of	ution, give street	C. CITY OR TOWN (If outside	7	W
INSTITUTION	1 1			URAL and give township)
y University Hospi	1-4-1	D. STREET ADDRESS (If rurol,	or P	
		D. STREET ADDRESS	, give locotion	St.
		B. DATE OF BIRTH 9. A	21GAU	
wic	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	1/10/84 lost	birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work) OB, KIN		11. BIRTHPLACE State of foreign of	ountry)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Marinia	.1	
Housewife 3. FATHERS NAME		Matryland 14. MOTHERS MAIDEN NAME	У	LISA
3. PATHER 3. MAINE				
John Benny		/ She		
S. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give wor or dates of ser	vice) 6. SOCIAL	17. INFORMANT	260 Sou	th Monastery Ave.
None None	JEGGRIII IIO,	Mrs. Audrey Mills		
18. // 20 /	CAUSE	F DEATH	241 01 110	INTERVAL BETWEEN
4001	CHOSE	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	h	. /	1.1+0	10/
(This does not mean the mode of dying,	(A) DUE TO	cake myocar	CIE JUIC	ceria 13 hour
heart failure, asthenia, etc. Il means the dis	eose,			
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony,			/	
rise to the obove couse (A) slotting	the (C) 62	nevelized Ark	emosclero	51
ONDERCTING CONDITION 1881.				
Z OTHER SECURISION SOURCE CONTRIBUTE	HITINIC			
OTHER SIGNIFICANT CONDITIONS CONTRIES TO THE DEATH BUT NOT RELATED T		Brain Pise	110	
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No.) 20		TANDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED		NO IN	CERTIFYING CAL	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour		21 F. HOW DID INJURY	OCCUR?	
(APPROX.)	While At Work At Work	le 🗌		
20 1				ec 6 1065
22. I certify that (I) (this hospital) atten	- /			······································
that (I) (we) last saw the deceased alive	on Dec 6	19 65 ond that I	n(my) (aur) apir	nion death occurred an the dat
and haur and fram the couses stated abo	ve. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
11-01/17.		ending Med. Stof	f	12/6/65
23C. PHYSICIAN'S	Phy	23D. ADDRESS	S. []	10/6/63
NAME (Type)	V	230. ADDRESS		
	M.D.			
4A. BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY OF CR	EMATORY 24D. LOCA	TION (Ci	ly, lown, or county) (State)
REMOVAL (Specify)	T		27 M	3
Burial 12/9/1965	Lorraine Park C	emetery Wood	dlawn, Mar	yland
	TIVLE OF REGISTRAK	25C. FUNERAL DIRECTOR		Balle, mg. 1.
DEC 9 1965 PO 5-10	T. 0 0	1 4m. f. Vocker	en & lon	nouthola.a
'S 150-REV. 1/1/6S	d Codaso Led			

(1)10 1.

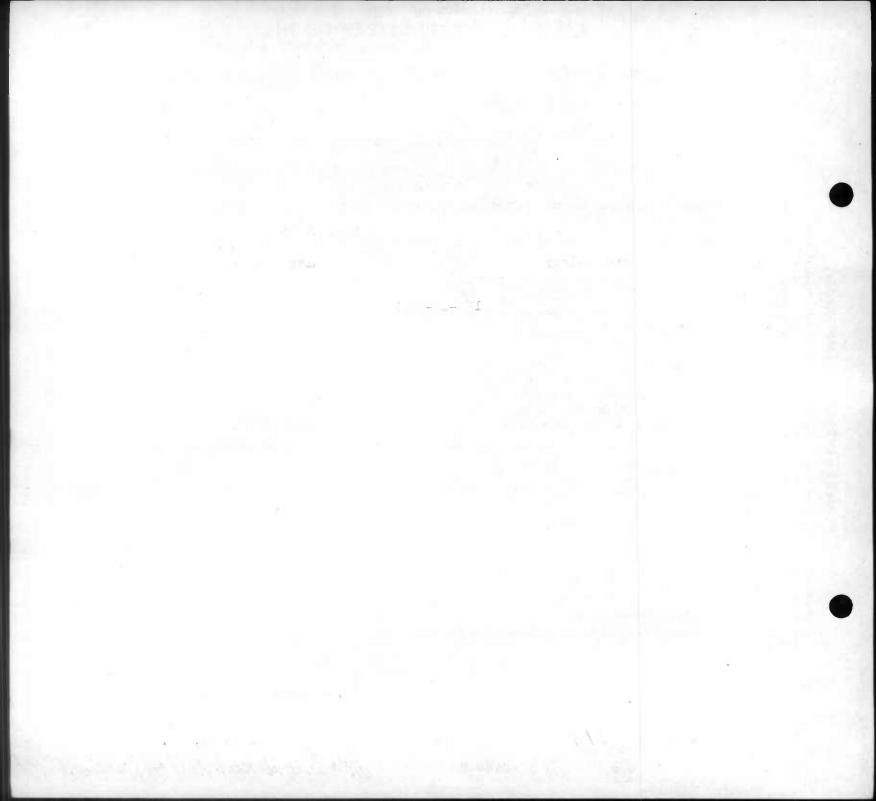
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Line Addition to the land of t

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

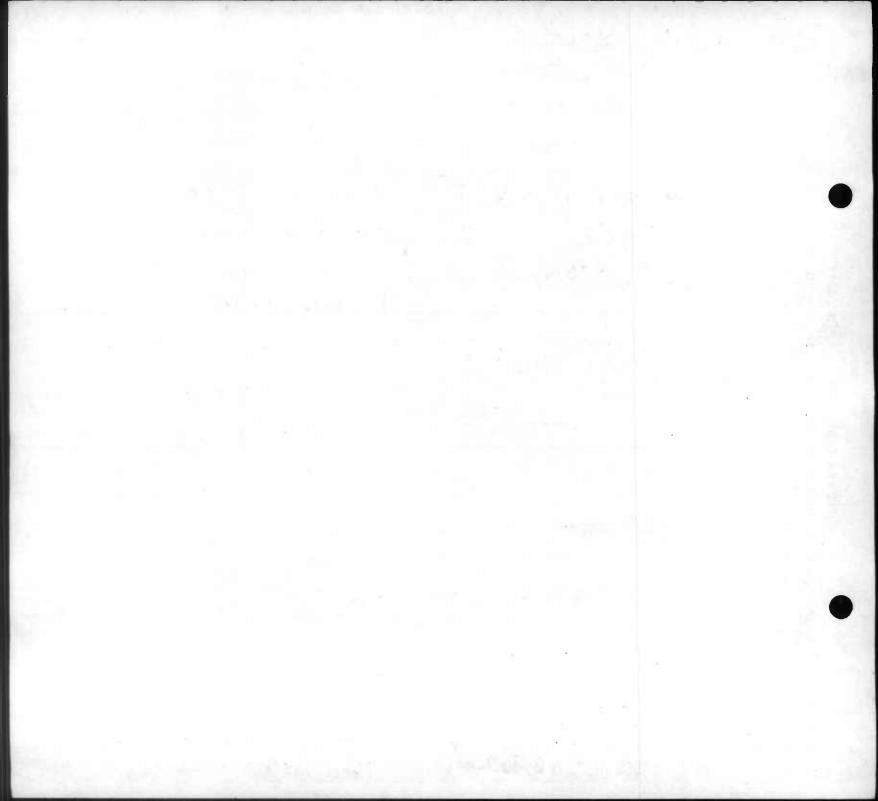
		BALTIMORE CITY	HEALTH DEPARTMENT		05 405-6
BIRTH NO.	65 12556	CERTIFICA	TE OF DEATH	Registered Na.	65 12556
1. NAME OF D (Type or Print)		C.W) eises	2. DATE AN	ID HOUR OF DEATH	9-651 9-48 M.
3. PLACE OF E	DEATH IN BALTIMORE, MARYLAN	D	A. STATE B. COUN		stitution: residence before admission)
FULL NAME HOSPITAL O INSTITUTION	R address or location)	itutian, give street	C. CHY OR TOWN HI OUT	tside city limits, write R	CURAL and give township)
Mari	I land Cen	eral Kopital	D. STREET ADDRESS (III	rural, give lacation)	a St.
5. S EX	6. RACE 7. M. W.	ARRIED, NEVER MARRIED DOWED, DIVORCED Appecity)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	of working lile, even if retired)	IND OF BUSINESS OR INDUSTRY	1	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	engines of	- Oumer Co.	Yugoslavia	A F	0
7	Aurel Weiser		? Elsa	***	
	sed Ever in U. S. Armed Forces? wn)(11 yes, give wor or dotes of s	16. SOCIAL SECURITY NO. 159-18-5972	17. INFORMANT. HER RU	Chart	ADDRESS
18.	20./1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	LEADING TO DEATH	Ω	wite MI		
	nol mean the mode of dying			hiện thiết diện tri trong trước đi được thiên tri di tri tri tri tri tri tri tri tri tri tr	
	re, asthenia, etc. It means the d complication which caused deoth		SCUN		A
	ANTECEDENT CAUSES	(8) DUE FO	o C V D		
rise to	OR CONDITIONS, if any, the above couse (A) static ING CONDITION last.			***************************************	
E TO THE	11 CONTROL OF THE CO				
	OF OPERATION 198. CONDITION		20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OR CONTR	DENT WAS UNDERLYING [] IBUTING [] CAUSE OF Ity medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, al etc.)	n or about 21 C. WHERE DID	(11 in Boltimare	City, give exact location)
21 D. TIME OF INJURY	(Manth) (Doy) (Year) (Hou		21F. HOW DID INJ	URY OCCUR?	
(APPROX)		While At Not While At Work		,/	10.01
22. I cert	ify that (N) (this hospital) atte	nded the deceased from	19:3	19 6 J to	10.1 1965.
	lost sow the deceased oli			ot in (my) (our) opin	nian death accurred on the date
	and from the causes stated at	ove. (I)(Ne) (did) (did not) v	lew the body after death.		DATE CIONES
23A. SIGN	Dinder	W WWW Phy		Stoff Phys.	123B. DATE SIGNED
23C. PHYSIC	CIÁN'S (Type)	M.D.	Md. General	Hospital	
24A. BURIAL C	REMATION, 248. DATE	24C. NAME of CEMETERY OF CRI	EMATORY 24D. L	OCATION (Ci	ly, tawn, or county) (State)
Crema	201012012	Greenmount	B	altimore, Mo	
25A. DATE REC	9 1965 PL	AME OF REGISTRAR	25C. JUNERAY DIRECTOR		Mallow Ballo "Un
VS 150-REV. 1/	1/65				, see journe for



IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. DEC 9

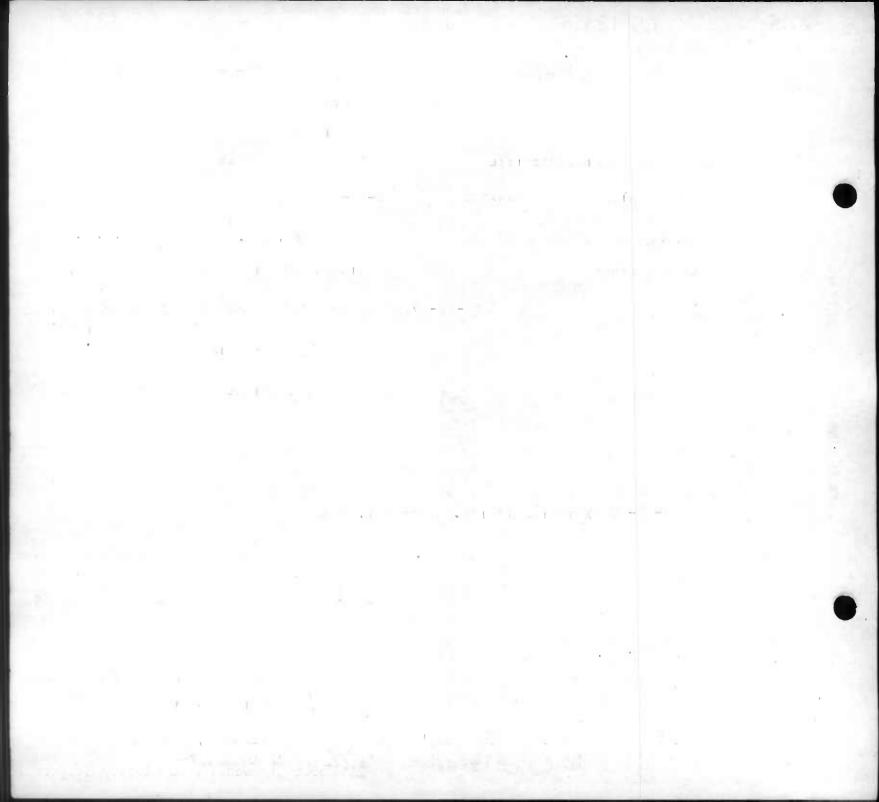
BALTIMORE CIT	Y HEALTH DEPARTMENT
ME CASE NO. 65 12557 CERTIFICA	ATE OF DEATH Registered No. 65 12557
T. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
DOLLIE REDMOND	12-16-16-17-18-18-18-18-18-18-18-18-18-18-18-18-18-
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decessed fived, If institution; residence before edmission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give tewnship)
VLUIHERAN HOSPITAL OF	D. STREET ADDRESS (If rurol, give tocotion)
MARVIAND	1839 W. NORTH AVE.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers lest binhdey) Months; Doys Hours Min.
Female MARFIED MARRIED	7-19-1965 60
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dene during mest of working life, even if retired)	Y 11. BIRTHPLACE (State or fereign country) 12. CITIZEN OF WHAT COUNTRY?
	King & Queen Co. VA. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 1 T. 100	
Crist Jones	Edna Green
15. Wes Deceosed Ever in U. S. Armed Ferces? 16. SOCIAL (Yes.ne er unknown) (III yes, give wer er detes ef service) SECURITY NO.	17. INFORMANT ADDRESS
	Mr. J. Redmond - 1839 W. North Ave.
18. 578 X I CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	SHOCK Shin.
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	ROB. G-I Bleeding massue I week
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) stating the (C)	
_ 11	
OF THE DEATH BUT NOT RELATED TO THE PROBLEM	
DISEASE OR CONDITION CAUSING IT. Phabable	Myseardeal Infarction [29A. AUTOPSY? (Yes or No!) 20B. If YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g.,	20/A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, locitory, street, c	in er ebout 21 C. WHERE DID (II in Beltimore City, give exoct locetien) effice bldg., INJURY OCCUR?
◀ DEATH (netity medical exominar) etc.)	ence diag., indo ki occok:
O 21D. TIME (Menth) (Dey) (Yeer) (Heur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX.) Work AI Work	
22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last sow the deceased alive on 12/14/155	19 /2 19 65 to 2 6 19 65
and hour and from the causes stated above. (I) (We) (did) (did not)	
23A. SIGNATURE	23B. DATE SIGNED
lSkerana M.D. At	tending Med. Steff Phys. 12/6/65
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
F. S. Reroma M.D.	1 11 THEN IN HOS DITA
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CF	REMATORY 24D. LOCATION (City, town, or county) (State)
OREMOVAL (Specify)	
	urch Com. King + Queen Co. VA.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 9 1965 Real E. Lakeren	MORTON + DyeTT 1701 LAYRENS ST.



death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical exominer. Also, if the direct or contributing couse of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospitol (except where the physicion who pronounced death wos in regular attendance on the deceased prior to death); and (6) No physician wos in regulor attendance on the deceosed prior to deoth. Such written approvol must be obtained before the remoins are embalmed or final disposition is made. BALTIMORE CITY HEALTH DEPARTMENT

65 19550

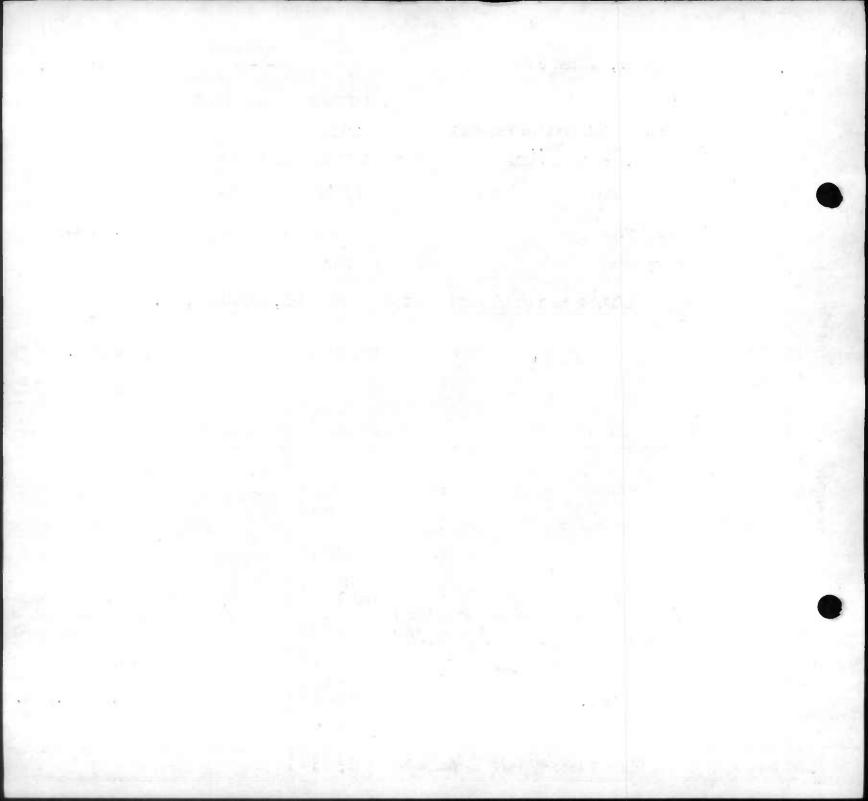
MRTH NO. M.E. CASE NO. I. NAME OF DI	DJ TEJJO		CERTIFICA			D HOUR OF DEATH	4	
Type or Print)	YV e				Z. DATE AIN			
PLACE OF D	ROBERT SAL	FNER		IIA IISHAI BESID	ENCE (Whee	12-7-65 e decessed lived. II	7:45	AM ^
. TEACE OF E	EATH III DALIMONG MA	KIEAND		A. STATE	B. COUN	TY	Institution, residence	/
FULL NAME		or institution, g	ive street	MARYLA	ND		7-0	0
HOSPITAL OF	R eddress er lecetier	1)		C. CITY OR TOV	VN (If eut	side city limits, write	RURAL ond give te	wnship)
2				BALTIM D. STREET ADDI		rurol, give location)		
THE JO	HNS HOPKINS	OSPITA		2926 н				
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTI	н	9. AGE (In years	If Under 1 Yr. Months Deys	If Under 24 Hrs.
MALE	WHITE	SEPAR	, DIVORCED (specify) ATED	2-21-99		lest birthdeyl	Months Deys	Heurs Min.
	CUPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stete er ferei	gn country)	12. CITIZEN OF WHAT COU	MITRUS
ne during most	ol werking life, even if retired)							
Truck	ing			Baltin	ore,	Md.	U.S.	.A.
- FATHERS N	AME			14. MOTHERS M	AIDEN NA	VI E	** we way a	
WALTER	SALFNER			WINONA	WALLE	т		
Wes Decees	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		- 10	ADDRE	SS
es, no or unkne	wn) (If yes, give wer er dete	s of service)	SECURITY NO.					
No			216-16-1759	Leonard	Salfne	r 2031 Woo		
1B. 4	22./ 1		CAUSE O	F DEATH				AL BETWEEN AND DEATH
DISE	ASE OR CONDITION DIR	ECTLY					OHSEI	AND DEATH
	LEADING TO DEATH		R	ENAL TUBA	LER NE	CROSIS		
(This does	not meon the mode of	dying, e.g.,	DUE TO					************************
heort foilur	e, osthenio, etc. It meons	the diseose,						
injury or c	omplication which caused	deoth.)	W.C.	M GASTRO	Luzees	TINALHEMOR	BUACE	
	ANTECEDENT CAUSES		(B) DUE TO	N GASIRU	INIES	INSCILLIOR	KHAGE	
DISEASES	OR CONDITIONS, if	onv. aivina	501 10					
	The above couse (A)		(C) AS	CVD				
UNDERLYI	NG CONDITION lost.							*******
	II.							
OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING	3					
DISEASE	R CONDITION CAUSING I	т.						
19A. DATE	OF OPERATION 198. CON		VHICH OPERATION	20A. AUTOPSY	(? (Yes or Ne	IN CERTIFYING C	E FINDINGS CONSIL AUSES OF DEATH?	DERED
19A. DATE	1-17-65 ARTE		SIFF. LOWER	EXT. YES		1		NO
21A. ACCIE	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or ebout 21C. Wh	HERE DID	(If in Beltime	ere City, give exact	lecotien)
	IBUTING CAUSE OF ify medical examiner	hem etc.	e, ferm, fectory, street, o	ffice bldg., INJURY	OCCUR?			
)	my medicor exominer							
21D. TIME OF INJURY	(Month) (Dey) (Yeer)	(Heur) 21E.	INJURY OCCURRED	21F. HO	M DID IN1	URY OCCUR?		
(APPROX.)			le At Not Whi					
		We						
22. I certi	fy that (I) (this hospitol) ottended ti	ne deceased from	11-15		19 65 10	12-7	1965
that (I) (w	e) lost sow the decease	d alive on	12-7	1965	and th	ot in(my) (aur) of	pinion death occu	rred on the da
and haur	and from the couses sto	ed above. (I) (We) (did) (did not)	view the body of	ter deoth.			
23A. SIGNA	TURE						23B. DATE SIGNI	D /
			M.D. Att	ending M	ed.	Stoff	1-1-	11-
			Phy	s. Di	irector	Phy s.	1211	165.
23C. PHYSIC	(Type) Server	S. D.	ma~ M.D.	23D. ADDRESS	4			
					INS HO	PKINS HOSP	ITAL '	
A. BURIAL C	REMATION, 248 DATE	24C.N/	ME of CEMETERY of CR	EMATORY	24D. L	OCATION (City, tewn, er county	(Stole)
		45 0-	in 1 1/2 - 1 - C	4	70	143	(a1 - 1	
Buria	1 12/10/		int Mary's C			ltimore, M		
DA. DATE REC	DEC 9 1965		E CLARENTAL	25C. FUNERA	DIRECTO	Armariox		DRESS
	DEO 9 1909	المالية المالية	C' deceren na	Ellswo	rth Af	macost 460	00 Liberty	Heights
			-	THE THE OF	- was I my		- Line City	TICABILOD



	70	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE ADECD
	TH NO. 65 12559	CERTIFICA	ATE OF DEATH	Registered No.	65 12559
1. N	IAME OF DECEASED	TH, MARY FRANCES		AND HOUR OF DEATH	2:00 Pm
	PLACE OF DEATH IN SALTIMORE, MA	ARYLAND		here deceased lived. If it	nstitution: residence before admission)
1	FULL NAME OF (If not in hospital HOSPITAL OR address ar lacatia	or institution, give street n)	BALTIMORE	autside city limits, write	RURAL and give taynship)
5	ST AGNES HOSPITAL	4	903 NOTTIN	GHAM RD.	
5. 5	FEMALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hauts Min.
	. USUAL OCCUPATION (Give kind af worke during mast af working life, even if retired)	LIOB, KIND OF BUSINESS OR INDUSTR	MARYLAND	areign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	ABLERT WALLIS		MARGARET SA		
15. (Ye:	Was Deceased Ever in U. S. Armed Fas.na or unknown) (If yes, give wor or date NO	rces? 1 6. SOCIAL SECURITY NO.	ST AGNES HO	CAT SPITAL RECO	ON AVES 21229 ORDS, WILKINS AND
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not meon lhe mode of heart failure, asthenia, etc. Il means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last.	DUE TO any, giving	rebral Vascu	lar Acciden	f. 11-28-1965 12-8-1965
CATION	OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	ATED TO THE	120 A AHTORSY2 (Yes or	Nall 20R IF VES WEBE	FINDINGS CONSIDERED
CERTIFIC	WAS PER		NO	IN CERTIFYING CA	USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)	in or about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimat	e City, give exact lacation)
MEDIC	21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	(Haur) 21E, INJURY OCCURRED While At Not Wh Wark At Warl			0.0
	22. I certify that (I) (this hospital that (I) (we) last sow the decease and hour and from the causes sto 23A. SIGNATURE	ed olive on 12-8- ored abave. (I) (We) (did) (did not)			Inlon death occurred on the date
	23C. PHYSICIAM'S NAME (Type) CARL MAT	TTHEY M.D	23D. ADDRESS		IMORE 29, MD.
244	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	165 New-	attebral	LOCATION (C	ity, town, or county) (State)
25A	A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF RECONTRAIN	25C. FUNERAL DIRECT	0010	S ADDRESS CEUR

TENLET IN JUST INJUST A-71 (20) (21) . T. TABLE IN C

	1716			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO	1	65 12	560	CERTIFICA	TE OF DEATH	Registered No.	65 12560
1. NAME	OF DECEASED				2. DATE	AND HOUR OF DEATH	1
(Type or	Print) OTIOSS	, WALTER	JOHN		12.	-7-65	7:10 4
3. PLAC		BALTIMORE, MA			4. USUAL RESIDENCE		institution: residence before admission)
ELLI	NAME OF	(If not in hospital	or institution	ave sheet	MARYLAND	BALTIMORE	
HOSPI	ITAL OR	address or location	n)	give sneer			RURAL and give township)
Vet	erans Ad	ministrat		pital	BALTIMORE D. STREET ADDRESS	(If rural, give location)	53-00
		aven Blvd Maryland			1110 DANTELS		
5. SEX	6. RA	CE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
MAL	E W	HITE		RRIED (specify)	2/1/12	lost bighdoyl	Months Doys Hours Min.
		N (Give kind of wor life, even if retired)	108 KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
212	EAT CUTT				BONANZA,	ARKANSAS	U. S. A.
-	ERS NAME	240			14. MOTHER'S MAIDEN		
GOD	FREY QUO	SS			JOHANNA	?	
15. Wes	Deceased Ever i	n U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES	1 1		10/18/4	1	VA Hespital,	Baltimore, M	ld. 21218
1B.	527.1			CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DI	RECTLY		**********	*************	
		on the mode of			PULMONARY EMP	HYSEMA	4 years
		nio, etc. If meons on which coused			CODTITIONALIS		
		CEDENT CAUSES		(B)	CORPULMONALE		4 years
DISI	EASES OR CO	ONDITIONS, if	onv. giving	DUE TO			
rise		ve couse (A)		(C)			
		11					
2 10	THE DEATH	T CONDITIONS (BUT NOT REL TION CAUSING	ATED TO TH				100
	DATE OF OPER		IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yos o		FINDINGS CONSIDERED
19A. 21A.					NO		AUSES OF DEATH?
F DEA	ACCIDENT WAS CONTRIBUTING TH (notify medic	CAUSE OF		PLACE OF INJURY (e.g., in ne, form, foctory, street, of)	n or obout 21 C. WHERE DII fice bldg., INJURY OCCUR	D (If in Boltimo	ro City, give exact location)
Ö 21 D.	TIME (Mon	th) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
>	NJURY ROX.)		WH	ile At Not While			
		<i>t</i>	Wo		16 2	Ar De	samban 7 6E
				he deceased from	May 1		scember 7 19 65
	•						Inion deoth occurred on the date
		the couses sta	ted above. (A (Me) (qiq) (qiq fiqt) v	iew the body ofter deo	th.	
284_	SIGNATURE	1 /	1	1			23 B. DATE SIGNED
	/ne	dlug V	D. 60	M.D. Atte	minding Med. Director	Stoff Phy s.	12/7/65
23C.	PHYSICIAN'S NAME (Type)				23D. ADDRESS		
	Freder	ic B. Ask				nistration Ho	spital, Balte., Md.
24A. BUE	MOYAL (Specify)	N, 24B, DATE	24C.N	AME of CEMETERY OF CRE	MATORY 24E	LOCATION (C	City, town, or county) (State)
12	110/6	5 Quri	de £	reto. No	at c	Delfe 2	J. Mel
25A. DA	PE REC'D BY HE	1005	258. NAME	OF REGISTRAR	25C. FUNERAL DIREC	тов	ADDRESS COLLE
	DEC	9 1965	Mobrelo	C. Dawwill	1 6 6/20	FILL, 410	16 druck don
VS 150-R	EV. 1/1/65				1)		



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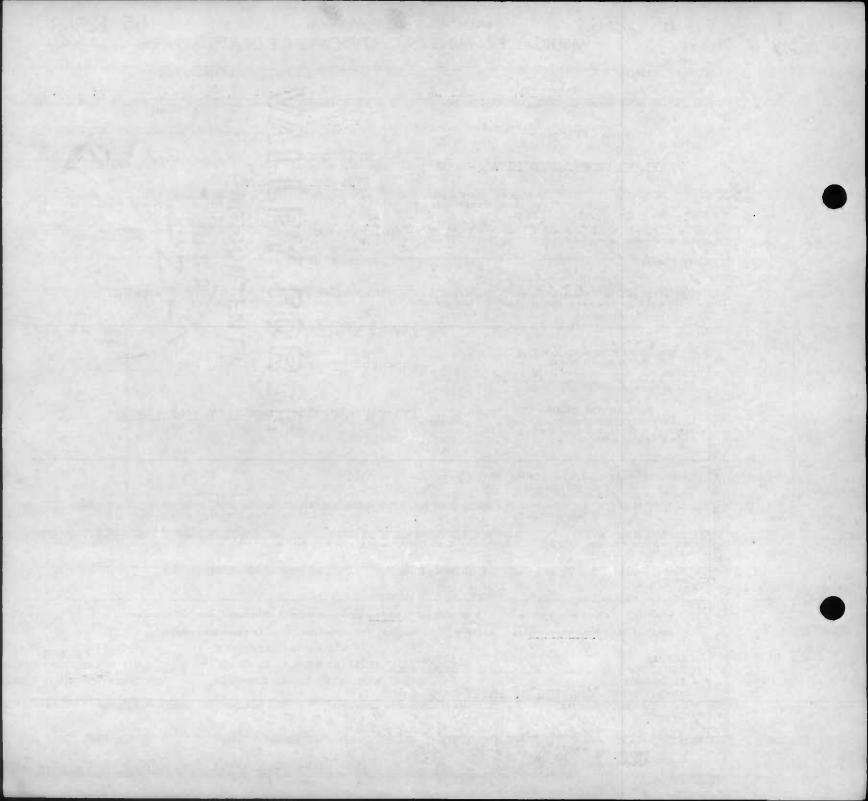
	BALTIMORE CIT	Y HEALTH DEPARTMENT	C5 19504
BIRTH NO. 65 12561	CERTIFICA	ATE OF DEATH Registered No.	65 12561
M.E. CASE NO. I. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Tuno or Print)	alta Dawan	Dec. 6/65	
3. PLACE OF DEATH IN BALTIMORE MA	elia Bowen	4. USUAL RESIDENCE (Where deceased lived, If in	stitution residence before admission
	ar institution, give street	A, STATE B. COUNTY	16-08
HOSPITAL OR address or location	n)	C. CITY OR TOWN (II autside city (imits, write	RURAL and give township)
611 Lin	nard St	Balto. 29	
		D. STREET ADDRESS (If rural, give location) 611 Linnard St	
Female 6. RACE White	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) Married	B. DATE OF BIRTH May 9/88 9, AGE (In years lost birthday) 77	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of war done during most at working lile, even it retired)	Own Home	Y 11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF USAT COUNTRY?
Francis Steven	S	14. MOTHERS MAIDEN NAME UNKNOWN	
15. Was Deceased Ever in U. S. Armed Fa	rces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, na ar unknawn) (II yes, give war ar date	es of service) SECURITY NO.	Geo. H. Bowen, 611 Linns	
	216 05 4985	Geo. H. Dowell, off Bring	
18. 24. 20./	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI			ONSE! AND DEATH
LEADING TO DEATH		te coronary thrombosis	l day
heart failure, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it rise to the abave cause (A)	death.) (B) hyp DUE TO	ertensive cardiovascula disease teriosclerosis	r
UNDERLYING CONDITION lost.			
OTHER SIGN(FICANT CONDITIONS OF TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING	ATED TO THE		
	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE (N CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, larm, lactory, street, etc.)	in ar about 21 C. WHERE DID (If in Baltimar affice b(dg., INJURY OCCUR?	e City, give exact lacation)
21D. TIME (Manth) (Day) (Year)	(Haur) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Wh Work At Wor	nile [
22. I certify that (I) (this haspita	I) attended the deceased fram	7-10-56 19 10 /	2-7 1965
		19.6.5 and that In(my) (aur) apl	
			mon death accorred an the ad
	ted abave. (1) (We) (did) (did net)	view the bady after death.	
23A. SIGNATURE	-01.		23 B. DATE SIGNED
hell 1.	E Zettli M.D. A	ttending Med. Stalt Phys.	12-7.65
23C. PHYSICIAMS NAME (Type) Luther F	E. Little M.D	23D. ADDRESS 10 W. Madison St.	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (C	ity, tawn, ar caunty) (State)
burial 12/8/6		Balto. Md.	, , , , , , , , , , , , , , , , , , , ,
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	Witzke P.D. 4101 Edmon	den APPRESS
DEC 0 1985	10 0 BEQ STORE BURD	ALLAKE L'AD ATOL BOTHOL	WOOM AVE

9 1965

DEC

1	65 1.2562 BALTIMORE CITY HEALTH DEPARTMENT 65 1	12562
5.300	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	
	M.E. CASE NO.	
	1. NAME OF DECEASED (Type or Print) GEORGE ///, SCOTT 2. Date and Hour Pronounced Dead December 8, 1965	6:10 P
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residen A. STATE B. COUNTY	ce before odmission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and Baltimore)	giv to waship)
3	Johns Hopkins Hospital D. STREET ADDRESS (If rural, give location) 1516 Ashland Avenue	
	WIDOWED, DIVORCED(specify) As ICa a lost birthdoy) Months, Do	Yr. If Under 24 Hrs.
	Male Negro 42 10A. USUAL OCCUPATION (Give kind of wark 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF COUNTRY?
	done during most of working life, even it retired) 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME	COUNTRY:
	Grane Scrit Lurenia	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	100
	Mrs. World Mav 2 Surenia Sert 1316 le	eliland de
		NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Acute and Chronic Pancreatitis.	
	(This does not mean the mode of dying, e.g., DUE TO heart failure, astheria, etc. It means the disease,	
	injury or complication which coused deeth.)	
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	••••••••
	UNDERLYING CONDITION LAST.	40.00000000000000000000000000000000000
	O I	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	•••••
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT	
	Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact local loc	
	21D TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	21.00
	(APPROX.) MHILE AT NOT WHILE AT WORK 22.	
	I certify that I held an Inquiry Inspection Autopsy and that an this bosis, death in my opinion	
	resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER	
	ACTUAL ASSISTANT MEDICAL EVAMINED X	DATE SIGNED
	EXAMINER'S NAME (Type) Charles S. Petty, M D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	12/9/65
	23A. BURIAL CREMATION, 23B-DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or cour	inty) (State)
	Durial Dec 13/65 Delle Moth Cem, 5501 Fredrick	ase,
Bar Spiller	DEC 9 1965 Relieb E standard Built theken 11201.	Carl &
	VS 151-REV. 1/1/65	The state of

OU MADO	MORE CITY HEAL				63 1256	3
MEDICAL EXAM	MINER'S CI	ERTIFICAT	E OF DE	ATH Register	red Na	
E. CASE NO.			DATE AND H	OUR PRONOUNCE	ED DEAD	
NAME OF DECEASED pe or Print)	A CIPCIPATE TO		12-6-65	OUR PROMODITE		
WILLIAM B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCES	ATTLE	4. USUAL RESID		eosed lived. If insti	7:30 A	
		A. STATE Mary lane		B. COU		
LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	C. CITY OR TOV	VN (If outside co	rporote limits, write	RURAL and give township	p)
TITUTION		Baltimo:	ro	-/	14-01	
MARYLAND GENERAL HOSPITAL -	DOA		ESS (If rurol, give	e locotion)	1	
		1756 Pa	ck Avenue			
6. RACE 7. MARRIED, NEVE		B. DATE OF BIRTI		9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months, Days, Hours,	
Male Colored Make	ie d.	Fel 11	1898	67		
USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE	State or foreign co	untry)	12. CITIZEN OF WHAT COUNTRY?	-
during most of working life, even if retired)		Jarelo	41 M.	cossens	WHAT COUNTRY:	
ATHER'S NAME		14. MOTHER'S M	AIDEN NAME			
Walsh Balle		mak	u:			
	CURITY NO.	17. INFORMANT	000		ADDRESS	
20		mare	I Dan	fo 1911	9 Kelly G	-
18.	CAUSE	OF DEATH	15 /-	4, 111	INTERVAL BET	
DISEASE OR CONDITION DIRECTLY					ONSET AND I	DEATH
LEADING TO DEATH	Rupt	ured myoc	ardial in	farction		
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease.	DUE TO	···				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	•					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY Ye	IN	CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	
21 à. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLAC home, form etc.)	E OF INJURY (e.g., in, foctory, street, o	in or about 21C. V	HERE DID (If in	. Baltimore City, giv	ve exact location)	
	JURY OCCURRED	21 F. H.C	W DID INJURY	OCCUR?		
OF INJURY (APPROX.) WHILE	AT NOT V	WHILE				
22.						
C***	pection Aut	apsy X one	that on this b	asis, death in m	y apinian	
resulted from: Natural causes X Accid	ent Suicide	Hamici	de Und	etermined manne	or	
ACTUAL /			EDICAL EXAM	-	DATE SIGN	NED
SIGNATURE (Caules)	M.D.	ASSISTANT M	EDICAL EXAM	INER 🖾		
EXAMINER'S		ASSOCIATE M	EDICAL EXAM	INER	12-6-65	
NAME (Type) CHARLES S. PETTY BURIAL CREMATION, 123B, DATE 123C, NA	ME OF CEMETERY O	, CREMATORY	23 D. LOCA	ATION (City	town, or county) (St	totel
MOVAL (Specify)	116	1/1	4	1. A	town, or county) (3)	10101
Durial Wel. 10/65 11	Ti Ull	urn (e	m U	esport	mel.	
A. DATE REC'D BY HEALTH DEPT. /248, NAME OF RE	GISTRAN MAI	24C. FUNER	AL DIRECTOR	1.0	ADDRESS	
DEC 3 1300 de cary	. 0	Melle	3620	Elkeono	1129/1 (00	the
150 850 1/2//					111 111	



CE	495CA	BALTIMORE CITY HEALTH DEPARTMEN	1.
03	LCOU'S MEDICAL	BALTIMORE CITY HEALTH DEPARTMENT	T

65	12564
	A

BIRTH NO.	MEDI	CALEX	AMINER 3 C	EKTIFICA	IE OF L	EAIN Registr	ered No	
M.E. CASE NO.								
1. NAME OF DE						HOUR PRONOUNC	ED DEAD	
		THUR	HARGROVE			5-65		10:45 А.м.
FULL NAME OF	TIMORE, MARYLAND, W			Marylan	ıd			ence before odmission)
HOSPITAL OR	ADDRESS OR LOCA	TION)	HION, GIVE STREET	Baltimo		corporate limits, writ	e RURAL on	d give township)
	PROVIDENT HOS	PITAL -	DOA	D. STREET ADD				
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years lost birthday)		1 Yr. If Under 24 Hrs. Doys Hours Min.
Male	Colored	11/4	irried	May 10	17/3	302		
done during most of	CUPATION (Give kind of work working life, even if retired)	OB. KIND OF	BUSINESS OR INDUSTR	Ally	Ann I	n. Carolin	12. CITIZE	N OF COUNTRY?
13. FATHER'S NA	des Flat	avan	,	14. MOTHER'S M	AIDEN NAME	1-1		
15 WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	am	4010	ADDRESS	
	n) (If yes, give wor or date		SECURITY NO.	(1/2 mg	Plon	Harara	vt. 15.	25 Pinte
1B.	1.0.1		CAUSE	OF DEATH		a factoria		INTERVAL APTWEEN
DISEASES RISE TO THE UNDERLY OTHER SIGN TO THE DISEASE OF THE DIS	LEADING TO DEATH not meon the mode of posthenio, etc. It meons complication which coused ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING F OPERATION WAS PER	dying e.g., the disease, death.) S NY, GIVING (ATING THE CONTRIBUTIN LATED TO TO IT. DITION FOR V	(B)	20A. AUTOPSY NO	? (Yes or No) [OVASCULAT C	INDINGS CO	DN SIDERED
O UNDERLYING	OR CONTRIB- USE OF DEATH.	21 B. I home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. Volfice bldg., INJURY	Y OCCUR?	f in Boltimore City, g	ive exact la	cation)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	W	HILE AT NOT	WHILE	OM DID INTU	RY OCCUR?		
	alted from: Notural co	nquiry [Sulcld	topsy and	de U EDICAL EXA	AMINER X		DATE SIGNED 12-6-65
NAME	(Type) CHAS. S	• PETTY	, M.D.				y, town, or c	ounty) (Stote)
REMOVAL (Special Special Speci	il 12/9/	165	Carres me	no tack	AL DIRECTOR	urel !	md.	DDRESS
	DEC 9 1965	Robert	E Talley M.A	milto	n. 6. 3	licken	0/129	M. Carline
VS 151-REV. 1/1	/65			1	0 44		1 1	1.

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	BALTIMORE CITY	HEALTH DEPARTMENT		65 12565
BIRTH NO. 65 12565	CERTIFICA	TE OF DEATH	Registered No	00 12060
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) JOHN SAULS		DEC	EMBE	8 1965
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. Il in:	
		A. STATE B. COUN	2	1901
FULL NAME OF (II not in hospital or institution, of oddress or location)	give street		side city limits, write R	RURAL ond give township)
INSTITUTION	MASO HASD	Ballino	u 23	
FRANKLIN SAU	UTRE HOSP	D. STREET ADDRESS (If	rurol, give location)	0-1
Manager St. Co. St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co		310 M.	Gilmor	e St.
	NEVER MARRIED D. DIVORCED (specify)		9. AGE (In years lost birthday)	II Under 1 Yr. II Under Months Doys Hours
	Some	4-15-1891	74 408.	
INA. USUAL OCCUPATION (GNo kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even il retired)		month Cx	rolina	WHAT COUNTRY:
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
plan fauls		Ester	Thong	sox.
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (II yes, give war or dates of service)	SECURITY NO.	A Luca		
yes WWZ	218-07-5730	crure	3	MONXING.
18. 584X 1	CAUSE O	FDEATH		INTERVAL BETWE
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	P	laum son	0 1 -	
(This does not mean the mode of dying, e.g.,	DUE TO		Embor	
heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)		2 1 -	-	
ANTECEDENT CAUSES	(B) (Posloperale	ne cos	relieon
DISEASES OR CONDITIONS, if ony, giving	DUE TO			
rise to the obove cause (A) stoting the	(C)			- 0 popular - movino 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYING CONDITION lost,				
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	3			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	E			
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE I	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED WAS PERFORMED	nes		IN CERTIFYING CAL	USES OF DEATH?
OR CONTRIBUTING CALLES OF	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)		Jugu invekt occur:		
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	le At Not While	• 🗆		
Wor		11-5-65	12	8 19
22. I certify that (1) (this haspital) attended the	Det .		19to	
that (I) (we) lost sow the deceased alive on			of In (my) (<u>our) op</u> ii	nion death occurred on
ond hour and from the couses stoted above. (I) (We) (dId) (did not) v	iew the body after death.		
23A. SIGNATURE	M.D. Atte	ending Med.	Stoff 7	238. DATE SIGNED
anta tung	Phy	s. Director	Phys. 4	12-8-6
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1	11 .
NENITA SUAR	EZ M.D.	Franklin	square	- Hespe
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME OF CEMETERY OF CRE	MATORY 24D. L	CATION (Ci	ty, town, or county)
Buhial dan 13.1815 12	allo Halling	al Com. By	ulla 4	Ild.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	127	ADDRESS
DEC 9 1965 (R. Co. 15)	E LATER MARIE	Williams Vine	ual Home:	319 M. Lahraenly.
S 150-REV, 1/1/65		M. S. W. WILL JAK	VINO TOTTOO C	1 1 1 1 day on 1



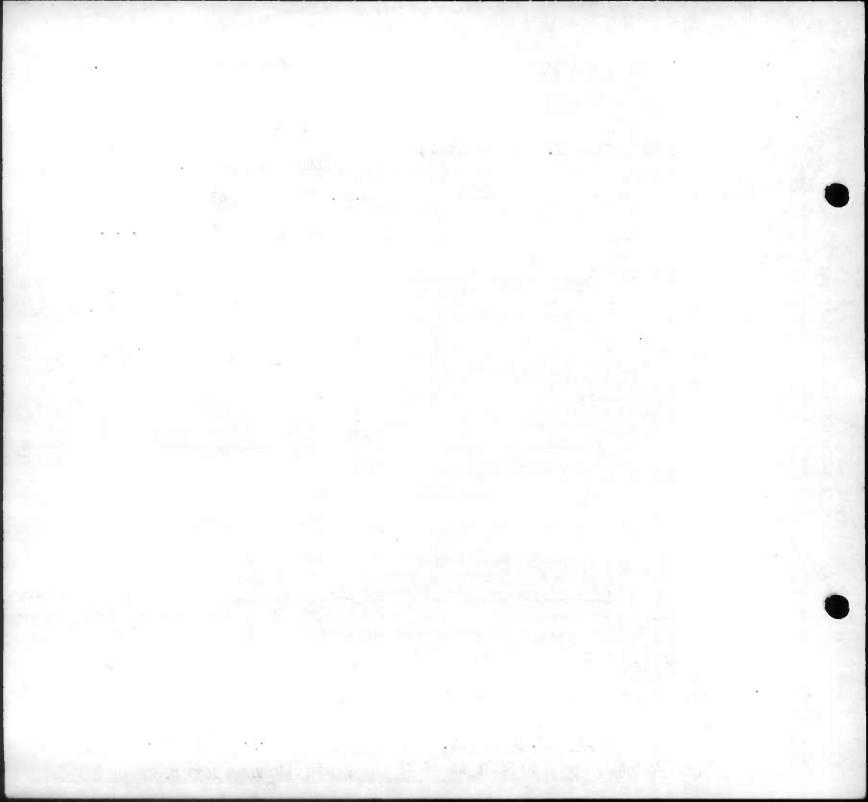
was D.O.A. at a hospital (except where the physician who pronounced

a hospital and

death was in regular attendance on the

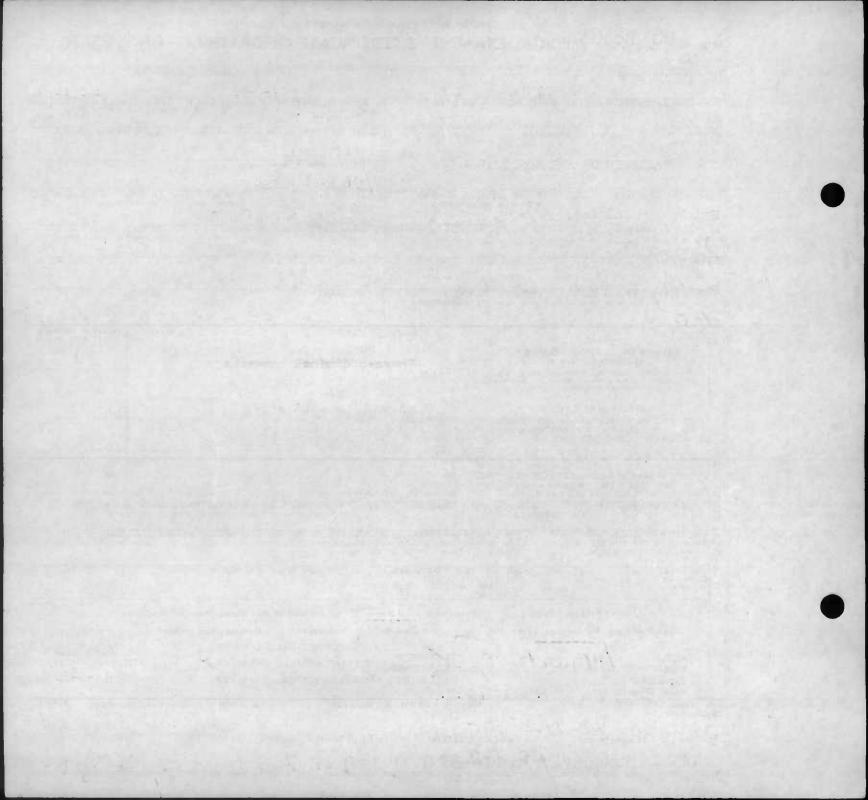
- 1		(2) Part 1 (2) Part	04	BALTIMORE CITY	HEALTH DE	PARTMENT		OF	10505	
	NO.	65 125	67	CERTIFICA	TE OF	DEATH	Registered N	10.65	1256	<i>l</i>
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) MARY JONES WHITE 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street)				2. DATE AND HOUR OF DEATH						
				4. USUAL RESIDENCE (Where deceosed lived. It institution: residence before odmissi A. STATE B. COUNTY MARYLAND						
	I640	MILLER ST		RESDENCE,		BALTIMOR	tutside city limits, with the city limits of		nd give towns	ship)
							TLLER ST	1		
5. SE	F	C	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) WIDOW	10.28.	I 902	9. AGE (in years lost birthday)	Months	s Doys Ho	Under 24 urs Mi
	during most of wo	ATION (Give kind of working life, even it retired NONE		D OF BUSINESS OR INDUSTRY		MARYLANI		W	TIZEN OF HAT COUNT	RY?
13. F	ATHER'S NAME					S MAIDEN N.				
	UTPATION	MOCLES				SUSIE	GORDON			
15. W (Yes,	HENRY Vos Deceosed En	MOSLEY ver in U. S. Armed F I yes, give wor or do	orces? tes ol servi	1 6. SOCIAL SECURITY NO.	17. INFORMA	ANT			ADDRESS	
	NO				GOLDE	N NANCE	3326 BI	JRIE ITH	AVE.	
	18. 420	7 L		CAUSE O	F DEATH		- 6		INTERVAL ONSET AN	
		OR CONDITION D			1200	1	TD milk	2001	Intello C	V.
		ADING TO DEATH	(A)	PLEI	Cory 1	TUNEV	6	10 10 10	Jan.	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
	injury or complication which coused death.)									
	ANTECEDENT CAUSES (B) DUE TO									
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.									
-	II CONTINUE							_		
Z										
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
	19A-DATE OF O	PERATION 198. CO		OR WHICH OPERATION	20A. AUT	OPSY? (Yes or I	10 208. IF YES, WIN CERTIFYING	ERE FINDING	S CONSIDER	ED
ا بـ ا	21 A. ACCIDENT OR CONTRIBUTI DEATH (notily m	WAS UNDERLYING NG CAUSE OF edicol exominer)		218. PLACE OF INJURY (e.g., i home, torm, foctory, street, o etc.)	n or about 21 C	WHERE DID	(It in Bolt	imore City, g	give exact (acc	otion)
0	21 D. TIME (Month) (Doy) (Yeo	Hour)	21E, INJURY OCCURRED		HOW DID IN	JURY OCCUR?			
<	(APPROX.)			While At Work Not White At Work					1	
	22. I certify th	at (1) (this-hospit	al) attend	ed the deceased from	1000	UNIJEL.	19 5 3 to	121	Ć,	19 6
	that (I) (we) Id	st saw the decea	sed alive	an	19	ond	that in (mv) (our)	apinion de	oth occurre	d on the
L	23A. SIGNATURE		OTEG OBOV	e. (1) (We) (did) (dld nat)	view the bod	y atter death	•	228 0	ATE SIGNED	
Í	la n 1	and A	Obon	AND, AH	ending 7	Med.	Stoff	236. 07	- 1011	-
	/EUL	ex III	7/	Phy	s.	Director	Phys.		4370)
	ZIAME (TO		LAF	FOREST M.D.	872	N. Bo	100 57	pare .	21200	a
24A.	BURIAL CREMA	ATION, 24B. DATE	24	C. NAME of CEMETERY of CR	EMATORY	24D.	LOCATION	(City, town,	, or county)	(Sto
25 A	BURIA		II.65	MT CALVAN	256 EUR		A.A. COUNTY	MD.	ADDRE	***
ZJA.	DEC 9	1965 100	P Q	S. A. S. O		EPH KNI	(1)	N. BR	ADDRE	33
	WHY U	TOUGH ! I Duce	U.C.	J.C.Laufillan Million	1 400	metr e 171/17	GIII 1039	N. BR	UALWAY	

1639 N. BROADWAY



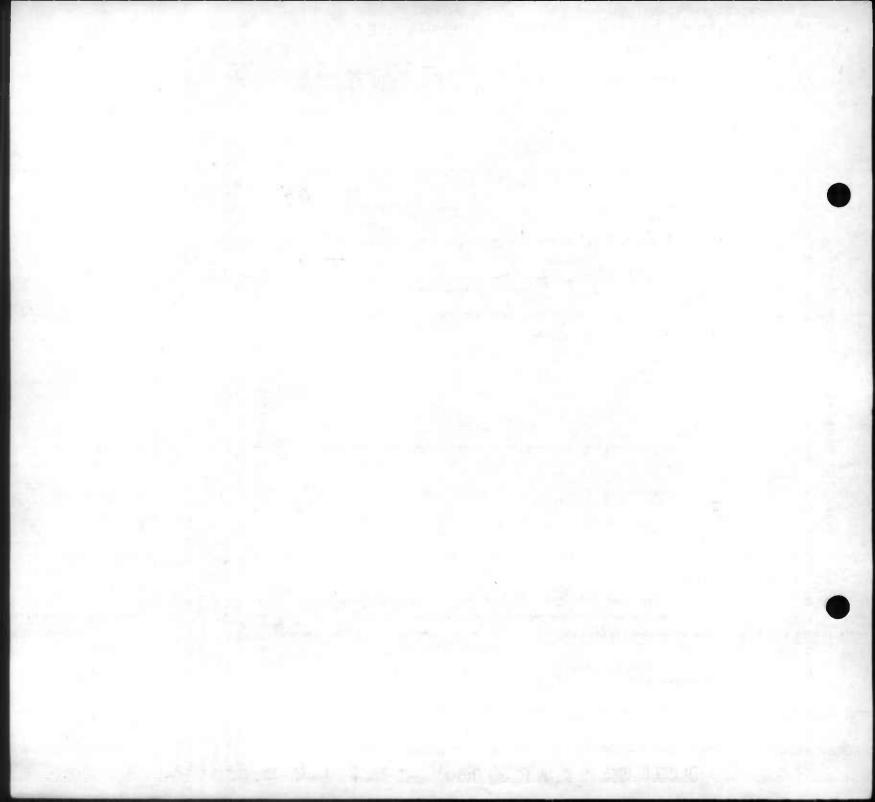
BALTIMORE	CITY	MEALTH	DEDA	DTAACKIT

			DEATH Registered No.	3
1. NAME OF DECEASED		2. DATE AN	D HOUR PRONOUNCED DEAD	
(Type or Print) EL	INORA LEE	12-6	5-65	1:45 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where A. STATE Mary land	deceased lived. If institution: re- B. COUNTY	sidence before admission
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION)	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outsid	e corporate limits, write RURAL	ond give township)
	VOGDTELT DOL	Baltimore		4-07
FRANKLIN SQUARE	HOSPITAL - DOA	D. STREET ADDRESS (If ruro),		
	MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If Und	er 1 Yr. If Under 24 Hrs
Female Colored	WIDOWED, DIVORCED (specify)	Doc 25.191	15 39 Manths	Doys Haurs Min.
tOA, USUAL OCCUPATION (Give kind of work)	OR KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stole or foreign	n country) 12. CtTI	ZEN OF AT COUNTRY?
Domestic		maryla	nd u	SA
3. FATHER'S NAME	61	14. MOTHER'S MAIDEN NAM	2/	1
Denjamin	Oden	/ Cachel	ADDRE	
Yes, no or unknown) (If yes, give wor or dotes		WINFORMANT /	ADDRE	33
10		1 harles LE	E-1/00W	. Lex ingli
18.648.3	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE		1 1- 1 1 1		
(This does not mean the made of	ying e.g., DILE TO	ra-abdominal hemo	orrnage	• • • • • • • • • • • • • • • • • • • •
heart foilure, astheriro, etc. It means t injury or complication which coused de	ne disease, ath.)			
ANTECENDENT CAUSES	D.1.=	turn of around up	-0.0011.0	
DISEASES OR CONDITIONS, IF AN	Y, GIVING DUE TO	ture of gravid u	Lerus	
RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.				THE STATE OF
NO	(C)			••••••••••••
OTHER SIGNIFICANT CONDITIONS CO	TED TO THE			
DISEASE OR CONDITION CAUSING		20A. AUTOPSY? (Yes or Na)	20B. IF YES, WERE FINDINGS	CONSIDERED
WAS PERFO		Yes	IN CERTIFYING CAUSES OF E	
₹ 21A, EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID		lacotion)
UNDERLYING OR CONTRIB-	etc.)	affice bldg., INJURY OCCUR?		
21D TIME (Manth) (Doy) (Year)	(Haur) 21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
		WHILE WORK		
OF INJURY (APPROX.)	m. WORK LAT	WOKK		
(APPROX.) 22.				
(APPROX.) 22. Certify that I held an Inc			s basis, death in my opini	an
(APPROX.) 22.		de Hamicide U	Indetermined manner	an
(APPROX.) 22. I certify that I held an Inc. resulted fram: Natural caus	Accident Suici	de Hamicide U	Indetermined manner AMINER	an DATE SIGNED
(APPROX.) 22. Certify that I held an Inc	Accident Suici	de Hamicide U CHIEF MEDICAL EX O, ASSISTANT MEDICAL EX	Indetermined manner AMINER	DATE SIGNED
22. I certify that I held an Incresulted fram: Natural caus ACTUAL SIGNATURE EXAMINER'S	Accident Suici	de Hamicide U	Indetermined manner AMINER	1
ACTUAL SIGNATURE EXAMINER'S NAME (Type) WERNER U	Accident Suici	Hamicide UCHIEF MEDICAL EX	Indetermined manner AMINER	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) WERNER U 23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify) 23A, BURIAL CREMATION, 23B, DATE	Accident Suici	CHIEF MEDICAL EX ASSISTANT MEDICAL EX ASSOCIATE MEDICAL EX OF CREMATORY 23 D. L	AMINER (AMINER (AMINER (DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) WERNER U 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 24A. DATE REC'D BY HEALTH DEPT.	Accident Suici	Hamicide UCHIEF MEDICAL EX	AMINER (AMINER (AMINER (DATE SIGNED



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death 4 shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	HEALTH DEPARTMENT		
M	RTH NO. B. CASE NO. 65 1256:	CERTIFICA	TE OF DEATH	Registered No	12569
	NAME OF DECEASED	i ey	2. DATE ANI	HOUR OF DEATH	1-7-1
2	PLACE OF DEATH IN BALTIMORE MARYLAND	4123-1	allo 12/	7/65	1133 H-M.
٥٠.	PLACE OF DEATH IN BALLIMORE, MARILAND		A. STATE B. COUNT	Y deceased lived. It insti-	tution: residence before odmission)
	FULL NAME OF (If not in hospital or institu	tion, give street	Md.		19-02
Ж	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (II outs	ide city limits, write RU	RAL ond give township)
¥	. (Balt, mo		
1	University H	oso, tal	D. STREET ADORESS (If r	ural, give location)	SV 477
	1		1730 W.		e St. #23
5.	SEX 6. RACE 7. MAI	OWED, DIVORCED (Specify)		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
	N	Vi dowed	4/9/04	61	
	A. USUAL OCCUPATION (Give kind of work 10B, KIN no during most of working lile, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	Jun Aries	**	hod.		11.5.A.
1/3	FATHER'S NAME	4	14. MOTHER'S MAIDEN NAM	1E	4.0.1
1	X an unkell		Total.	1,1-	10
13	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	0000	ADDRESS
(Y	(If yes, give wor or dotes of ser	SECURITY NO.	11 200	1-00	1. Chan
	010		Theresalled	ay gheir	-1250, Carreton
1	18. 440X	CAUSE O	F DEATH	1	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D		DA	3 1
1	(This does not mean the mode of dying,	e.g., OUE TO	eumon, a, 1	1 11/1/	2 2 2 3
	heori failure, osthenio, etc. 11 meons the dis injury or complication which caused deoth.)	eose,	L 10 bes		
١.	ANTECEDENT CAUSES	(B)	= 51		
	DISEASES OR CONDITIONS, if any,	OUE TO			
	rise la the above couse (A) stating				
н	UNDERLYING CONDITION Iosi.				
1,	11				
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	UTING THE			
A		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Nol	20B IE VEC WERE EIN	DINGS CONSIDERED
18	Trac hoostown Y WAS PERFORMED	.	Voc	IN CERTIFYING CAUS	ES OF DEATH?
a di		21B. PLACE OF INJURY (e.g., in	or obout 21C, WHERE DID	(If in Boltimore C	City, give exoct location)
4	OP CONTRIBUTING CALLS OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		y, give exoci locollolli
C					
AFD	OF HYJOKI	21E INJURY OCCURRED While At Not While	21F. HOW DID INJU	IRY OCCUR?	
1	(APPROX.)	Work At Work			
1	22. I certify that (1) (this hospital) attend	ded the deceased fram	12/6 1	9 65 10 /	2 1 7 1965
	that (1) (was) lost sow the deceased alive	an 12/6	19 6 5 and the	t in (my) (our) opinic	on death occurred on the date
	and haur and from the couses stated abo	ve. (1) (We) (did) (did mes) v			
	23A. SIGNATURE			2:	B. OATE SIGNED
1	Box and de 1	Zur M.D. Atte		Stoff Phys.	12/7/65
	23 Q. PHYSICIAN'S	A	23D. ADDRESS	nys.	12/1/60
1	NAME (Type)	II. M.O.	Univers	for Har	50.4.11
2.4	A. BURIAL CREMATION, 24B, DATE 2	C. NAME OF CEMETERY OF CRE	. , , , ,	CATION	prid
1	REMOVAL (Specify)	LANE OF CENTEREN OF CRE	240, 10	CATION (City,	fown, or county) (Stote)
1	Surial 12-11-65	nt auchun	130	allimore	Ma
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	250. FUNERAL DIRECTOR	An 9	AODRESS
	DEC 1 0 1965 A 0 4 0	7 15ml De	Hurnoll &	after - &	Petto, md.
VS	150-REV: 1/1/65	V dentised			

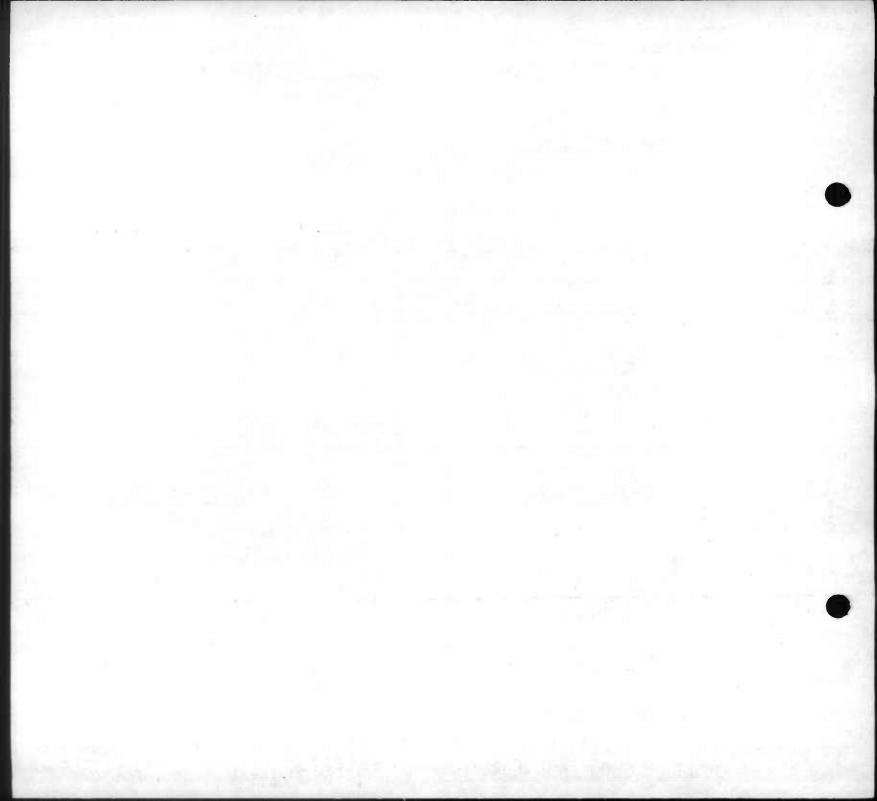


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B/	OMIT IA	RE CITY	HEALTH	DEPARTMEN

			BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	0= 1/	O PERMIT	CERTIFICA	TE OF DEATH	Registered No	19370	
M.E. CASE NO.	FASED 65 17	2570	GEICH TO		D HOUR OF DEATH	12010	
(Type or Print)	Leona Sadi	Pol	900		mber 7, 196	55	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital or institution, give street				4. USUAL RESIDENCE (When	e deceosed lived. If insti	itutian: residence befare admission)	
				Maryland B. COUNT	TY I	15-10	
HOSPITAL OR	oddress or location	"		C. CITY OR TOWN (If out	side city limits, write RU	RAL ond give township)	
12	Clare A III			Baltimore D. STREET ADDRESS (III	rural, give location)		
	Simai Hospi	ital					
E e Pu	L name	7 44 4 88(55	NEVER MARRIED	4016 Cold S			
Female	White		DIVORCED (specify)	Feb 18, 1906	9. AGE (In years lost birthday) 59	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.	
	UPATION (Give kind of work working life, even if relired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?	
None				Balto. Mary	land	U.S.A.	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	ME		
Lou	iis			Rose			
			11 4 000111	17. INFORMANT		ANDRES	
Yes, no or unknown	Ever in U. S. Armed Fare	s of service)	SECURITY NO.			ADDRESS	
NO				Wolf Palees	4016 Cold	Spring Lane	
18. // //	2 X I		CAUSE O			INTERVAL BETWEEN	
DISEA	SE OR CONDITION DIR	ECTLY				ONSET AND DEATH	
	LEADING TO DEATH		11	- Singel	1 AF 1 P		
	nal mean the made of		DUE TO	VITCI VIII VOLVI			
	asthenia, etc. It means		/-	0,			
1		dedin./	(8) Ph	Entenine OV.	-diserse	1 2 2 2 2 2	
	ANTECEDENT CAUSES (B) DUE TO						
	This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) Arkin or claysor.						
	inse to the above cause (A) stating the UNDERLYING CONDITION last.						
E TO THE D	II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE					
U 19A. DATE OF		the state of the s	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES. WERE FIN	NDINGS CONSIDERED	
E	WAS PERF			No	IN CERTIFYING CAUS	ES OF DEATH?	
_ OR CONTRIBL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?						
U	medical examiner	etc.)			3.3		
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)		Whi	le Al Work	e 🗌			
22 1	at-a /1\ /at-a t-a-ta-1			Dr. 0	950 to De	c 7 106/	
	that (I) (this hospital		ne deceased from			Cilcary	
that (I) (we)	last saw the decease	d alive on	A	19and the	at In(my) (aur) apini	an death accurred an the dat	
and have an	d fram the causes stat	ed abave. (I) (We) (did) (did nat) v	iew the bady after death.			
23A. SIGNATU		. /			2	3B. DATE SIGNED	
	Non. ()	1/2.	M.D. Atte	anding Med.	Stoff	13-18/61	
23C. PHYSICIA	Mc	veen	MATHAN	STATE OF E. M.D.	Phy s.	170/1	
NAME (T	ype)		4215 M.D.	Heights Ave.			
AA. BURIAL CRE	MATION, 24B. DATE	24C. NA	AME of CEMETERY OF CRI	MATORY 24D. LC	OCATION (City,	town, ar county) (State)	
779	7 7 0	65 Pot	h Tanan Ad-	+1 T 3 D 3	4.4		
Buria	EN HEALTH DEPT.	Bet 258. NAME O		th Israel Bal	timore, Ma	ryland	
ZJA. DATE REC'D	ACCE A	A Y A	F REUISTRAK	25C. PUNERAL DIRECTOR		ADDRESS 3319	
DEC 10	1965 (7) 0. 6	E dade	author of the	SylvanOS. II	lewis & Son	Ina Olympia ave	
VS 150-REV. 1/1/	65					7	



BALTIMORE	CITY	HEALTH	DEPARTMEN	NI
DA CE LILLIANCE	ALC: U	110776111	PET VICTORIE	

	TH NO.	65	12571 CERTIFICA	ATE OF D	EATH	Registered Na.	65 12571			
1,1	E CASE NO. IAME OF DECI				2. DATE AL	EMBER 7,	1965 6:00 P			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME DF (If not in hospitol or institution, give street HDSPITAL DR oddress or location) INSTITUTION				A. STATE MARY	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
ST. AGNES HOSPITAL					D. STREET ADDRESS (If rural, give location) 806 SOUTH BEECHFIELD AVENUE					
	EMALE	WHITE	7. MARRIED, NEVER MARRIED WIDDWED DIVERCED (specify)	8. DATE OF BIT	8 8	9. AGE (In years los) birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
don	HOUSEW	Vorking life, even if retired)	Own Home	KENTU	CKY		12. CITIZEN OF WHAT COUNTRY?			
	JAMES	Grubb	5	MA/	MAIDEN NA	AMU	15			
15. (Ye	Wos Deceosed s,no or unknown)	Ever in U. S. Armed Ford (if yes, give wor or dote:	s of service) 16. SOCIAL SECURITY NO. 402-16-550	ST. AG	NES HO		ENUE ADDRESS CORDS WILKENS			
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO CAUSE OF DEATH (A) DUE TO DUE TO								
	DISEASES O	}								
ATION	OTHER SIGNII	obove couse (A) CONDITION lost.	ONTRIBUTING TED TO THE							
ERTIFICA	19A. DATE OF	OPERATION CAUSING IT	DITION FOR WHICH OPERATION	20 A. AUTOP	_	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?			
CALC	OR CONTRIBU	TING CAUSE OF medical examines	218 PLACE OF INJURY (e.g. home, larm, factory, street, etc.)	21B. PLACE OF INJURY (e.g., in or about 21C. \home, larm, factory, street, affice bldg., INJU			e City, give exoct locotion)			
MEDI	21 D. TIME OF INJURY (APPRDX)	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED While At Not Work Not Work	nile 🗆		URY OCCUR?				
	22. I certify that (1) (this haspital) attended the deceased from NOVEMBER 9 1965 to DECEMBER 7 1965, that (1) (we) last saw the deceased alive an DECEMBER 7 1965 and that in (My) (aur) apinion death accurred an the date									
	and haur and from the causes stated abave X(1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Phys. Director Phys. Director Phys. Director Stoff Phys. Director Phys. Director Phys. Director Phys. Director Dire									
E	REMOVAL S	MATION, 248. DATE	24C. NAME OF CEMETERY OF CO	REMATORY 25C. FUNER	mu	ocation (coldleabore)	Lentuckug ADDRESS ADDRESS			
VS	150-REV. 1/1/6	0000		vanu	o upper	MINITURE 11	The American Andrew			

T. W. DONELL

the body

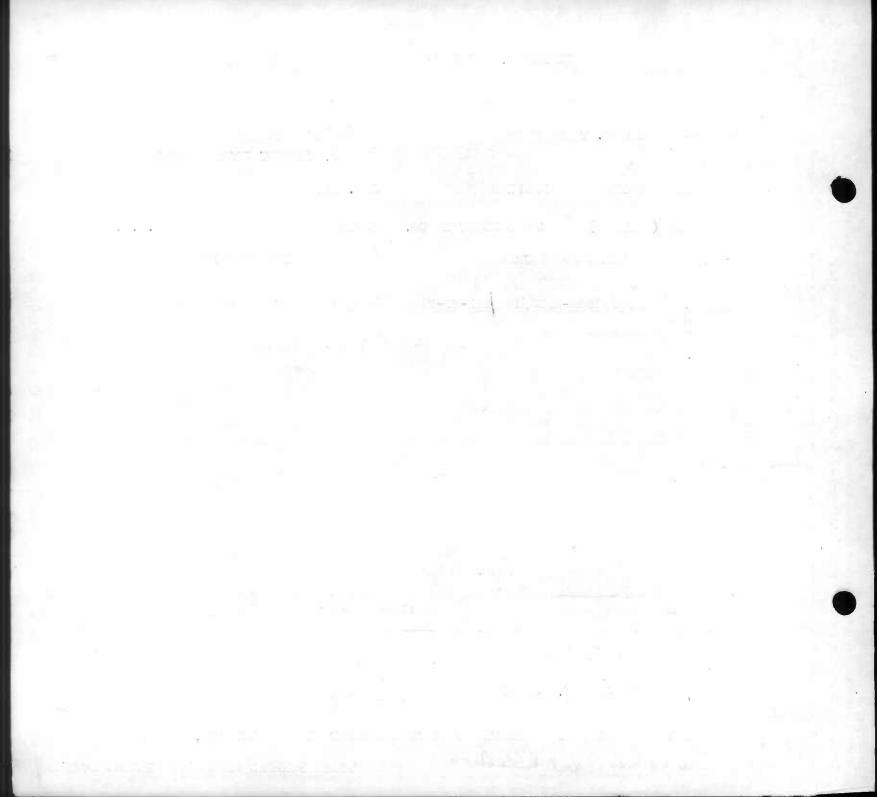
d in a hospital and ing cause of death cause; (5) Deceased

on the

ance

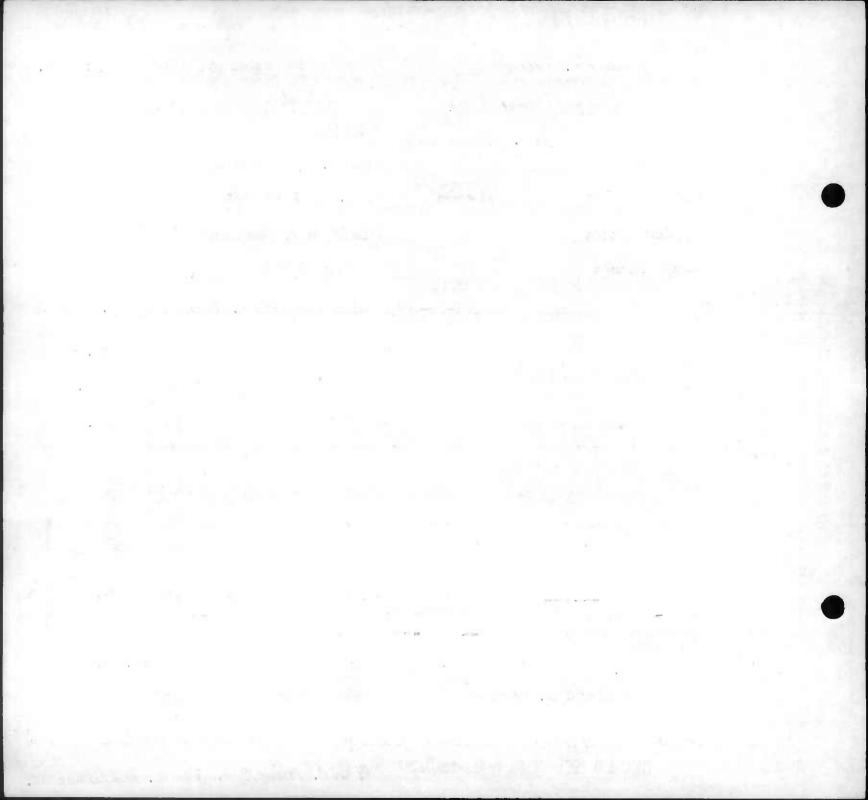
attend

24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY (City, lown, or county) (Stota) REMOVAL (Specify) BURIAL 12/9/65 BALTIMORE NATIONAL CEMETERY BALTIMORE. MARYLAND 25B. NAME OF REGISTRAR 25C4FUNERAL DIRECTOR HUBBARD FUNERAL HOME 4107 WILKENS AVENUE # VS 150-REV, 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

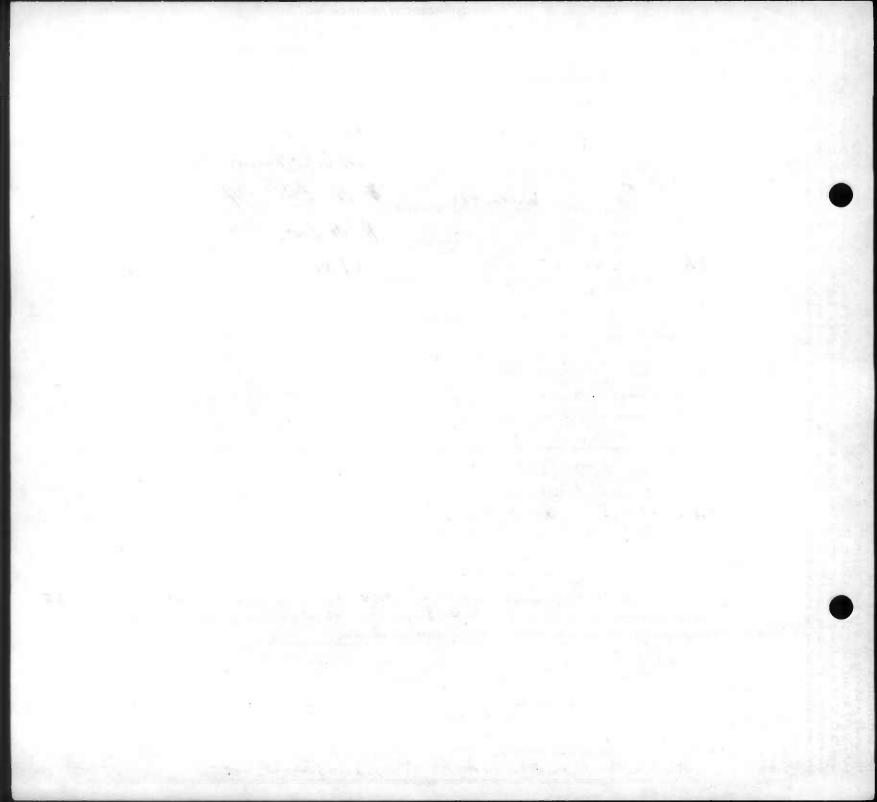
	カラ ファライ
ICATE OF DEATH Reg	istered No. 65 12573
December	5. 1965 1:00 P. A
4. USUAL RESIDENCE (Where deceo	sed lived. If institution: residence before admission
Manufand	9-103
	limits, write RCRAL and give township)
	e location)
638 C. 3/th Stree	2.
ify) lost birth	(In years If Under 1 Yr. If Under 24 Hrs Months; Doys Hours Min.
Feb. 6, 1903 64	
OUSTRY 11. BIRTHPLA CE (Stote a foreign coun	12. CITIZEN OF WHAT COUNTRY?
Raltimore Manul	and USA
14. MOTHER'S MAIDEN NAME	us/
1 6.0	
Anna Cifert	ARRESE
	ADDRESS
043 Miss Victoria M	Turner, 638 E. 37th St
USE OF DEATH	INTERVAL BETWEEN
	ONSET AND DEATH
Chronic myocarditis	l vr.
Syphillis, meningova	ascular, 5
la:	tent 5 yrs.
Acute and chronic c	ystitis 6 mo.
170A ALIVADAYA (V., a. Mail con	E VEC. WERE EINDINGS CONGRESS
IN C	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
No IN C	ERTIFYING CAUSES OF DEATH?
IN C	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
NO IN C	ERTIFYING CAUSES OF DEATH?
T(e.g., in or obout 21C. WHERE DID INJURY OCCUR?	ernfying causes of DEATH? (If in Boltimore City, give exact location)
(e.g., in or obout 21C. WHERE DID NJURY OCCUR?	ernfying causes of DEATH? (If in Boltimore City, give exact location)
NO (e.g., in or obout 21 C. WHERE DID INJURY OCCUR? ED 21 F. HOW DID INJURY OCCUR?	(If in Boltimore City, give exact location)
NO (e.g., in or obout 21C. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? While 1 Work 10 Mile 10 Mi	(If in Boltimore City, give exect locotion) CCUR?
NO (e.g., in or obout 21C. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? While 1 Work 10 Mile 10 Mi	(If in Boltimore City, give exect locotion) CCUR?
NO (e.g., in or obout 21C. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? While 1 Work 10 Mile 10 Mi	(If in Boltimore City, give exect locotion) CCUR?
NO ((e.g., in or obout 21C. WHERE DID NJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? of While 1 Work 1 19 65 1, 19 65 ond that in (m	(If in Boltimore City, give exect locotion) CCUR?
IN C ((e.g., in or obout 21C. WHERE DID reet, office bldg., INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? 19 05 19 05 ond that in (not) work Attending Add. Stoff	(If in Boltimore City, give exect location) CUR? to December 5, 19 65 Ty) (
NO (e.g., in or obout 21C. WHERE DID reet, office bldg., INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? 19 05 ond that in (not) view the body ofter deoth. Attending X Med. Stoff Phys.	(If in Boltimore City, give exact location) CCUR? to December 5, 19 65 Try) (
NO (e.g., in or obout 21C. WHERE DID reet, office bldg., INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? 19 05 ond that in (noto) view the body ofter deoth. Attending Med. Director Phys. [23D. ADDRESS]	(If in Boltimore City, give exact location) CCUR? 10 December 5, 19 65 11 (19
NO (e.g., in or obout 21C. WHERE DID reet, office bldg., INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? 19 05 ond that in (not) view the body ofter deoth. Attending X Med. Stoff Phys.	(If in Boltimore City, give exect locotion) CCUR? 10 December 5, 19 65 11 (19) (
NO (e.g., in or obout 21C. WHERE DID reet, office bldg., INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? 19 05 ond that in (noto) view the body ofter deoth. Attending Med. Director Phys. [23D. ADDRESS]	(If in Boltimore City, give exect locotion) CCUR? to December 5, 19 65 my) (**) opinion death occurred on the dot 23B, DATE SIGNED Dec. 6, 1965 Avenue
NO The control of th	(If in Boltimore City, give exact location) CCUR? to December 5, 19 65 Ty) (ew) opinion death occurred on the dot 23B. DATE SIGNED Dec. 6, 1965 Avenue N (City, town, or county) (Stote)
NO The control of th	(If in Boltimore City, give exact location) CCUR? to December 5, 19 65 Ty) (ew) opinion death occurred on the dot 23B. DATE SIGNED Dec. 6, 1965 Avenue N (City, town, or county) (Stote)
NO The control of th	(If in Boltimore City, give exact location) CCUR? 10 December 5, 19 65 11 19 65 12 23B. DATE SIGNED Dec. 6, 1965 Avenue N (City, town, or county) (Stote) Cmore, Maruland
C C C C	2. DATE AND HOU December A. USUAL RESIDENCE (Where deceo B. COUNTY Manyland C. CITY OR TOWN (If outside city Baltimone D. STREET ADDRESS (If turol, give 638 E. 37th Street Str



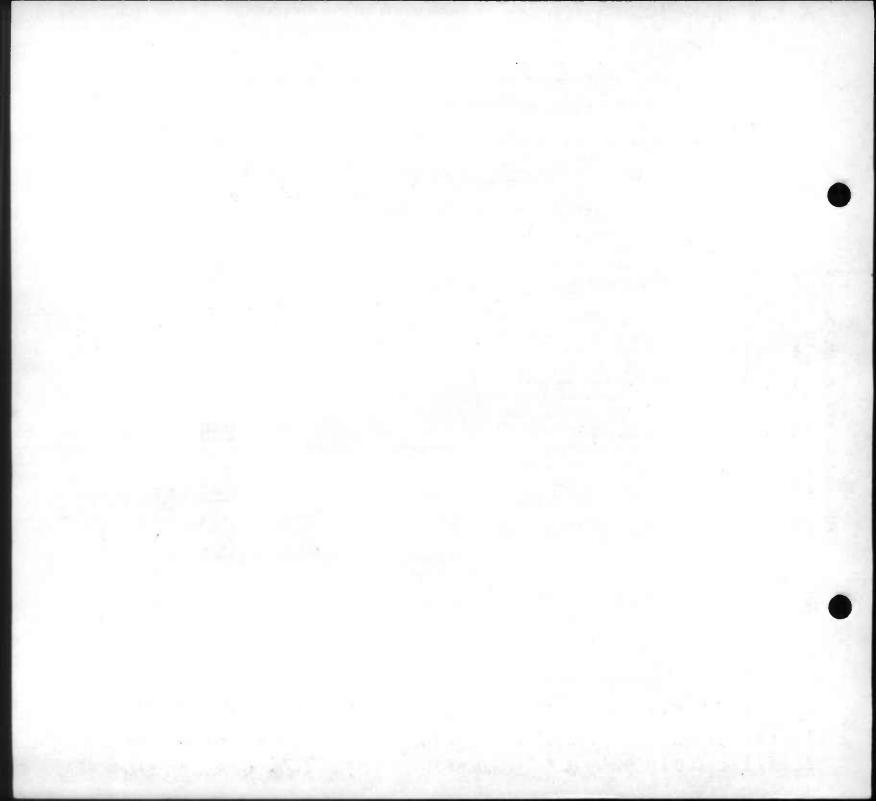
IMPORTANT FUNERAL DIRECTOR:

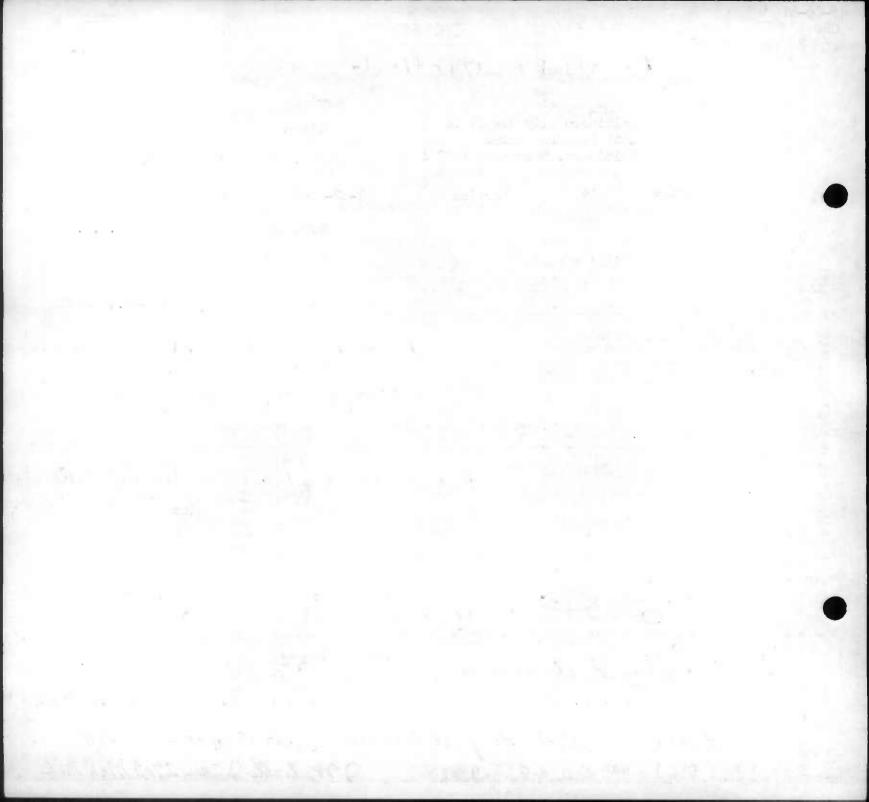
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased O This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/65

	CE	A DEMA BALTIMORE CIT	Y HEALTH DEPARTMENT	
	BIRTH NO.	12574 CERTIFICA	ATE OF DEATH Registered No.	5 12574
	M.E. CASE NO.	AKA	2. DATE AND HOUR OF DEATH	20
	(Type ar (Pinh)) HUSTIN	SALLIE	AUSTIN 12-8-65 6	The M
	3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where deceased lived. If inst	titution: residence before admission)
	FULL NAME OF (If not in haspital a	a institution, give street	MA	-A-AU
	HOSPITAL OR address at location)	C. CITY OR TOWN (If autside city limits, write RI	JRAL and give tawnship)
	Bon Secures	Hast tol	BANIMORE	
	7		D. STREET ADDRESS (If rural, give location)	
			214 S. Catherine Sine	ET
	5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost highday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	10A. USUAL OCCUPATION (Give kind of work		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	dane during most of working life, even if retired)	AT Homo	N. (apalino - Monique	AMERICAN
	13. FATHERS NAME	~ / / / /	14. MOTHER'S MAIDEN NAME	11141141410
•	JOHN TORRENC	6	Cherry	
	15. Wes Deceased Ever in U. S. Armed Forc (Yes, no ar unknown) (If yes, give war ar dates		17. INFORMANT	ADDRESS
	No		VIOLA HARMON 2145.	CATHERING ST
	1B. 1/ 52/ V	CAUSE	DF DEATH	INTERVAL BETWEEN
	DISEASE OF CONDITION DIR	ECTLY /7 /		ONSET AND DEATH
	(This does not mean the made al	(A) Chi's	morser, Juniayon (7 @ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	heart failure, asthenia, etc. It means	the disease,	niossler. Kunnbyrni es Miar enterny - anterio Felensis	
	injury at camplication which caused	death.)	- anders Felensis	yeous
	ANTECEDENT CAUSES	DUETO		
	DISEASES OR CONDITIONS, if a			
	UNDERLYING CONDITION last.	· · · · · · · · · · · · · · · · · · ·	((((((((((((((((((((((((((((((((((((((~~~~
	- 11	apriles	etiol 2	
	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TED TO THE	I ne Lene Ten	
	DISEASE OR CONDITION CAUSING IT		20AT AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED
	EDUS 29 101 F WAS PERF		IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING			City, give exact lacation)
	OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)	home, form, factory, "street, a	office bidg., INJURY OCCUR?	
	21D. TIME (Month) (Day) (Year)	(Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX)	While At Wark At Wark		
	22. 1 certify that (I) (this hospital)			ec. 8 1965,
	that (1) (we) lost saw the deceased	D.00	19 60 ond that In (my) (aur) opin	
	and hour and from the couses state			
	23A. SIGN ATURE			238. DATE SIGNED
	and in	M.D. AH	tending Med Staff	Dec. 8, 1965
	23C. PHYSICIAN'S		23 D. ADDRESS	Dec. 6, 1763
	NAME (Type)	NTUD, JR. M.D.	Ray Pagence Har	1.0
	24A, BURIAL CREMATION, 124B. DATE	24C. NAME of CEMETERY of CE	Bon Jacous Hosp	town, or county) State)
-	REMOVAL ISpecify	5 GREENWOOd	NEW CASTLO	^
	25A. DATE REC'D BY HEALTH DEPT.			
	DEC 1 0 1965 R.C.	25B. NAME OF REGISTRAR	Man 5 and & Shonger 6	75 h goress



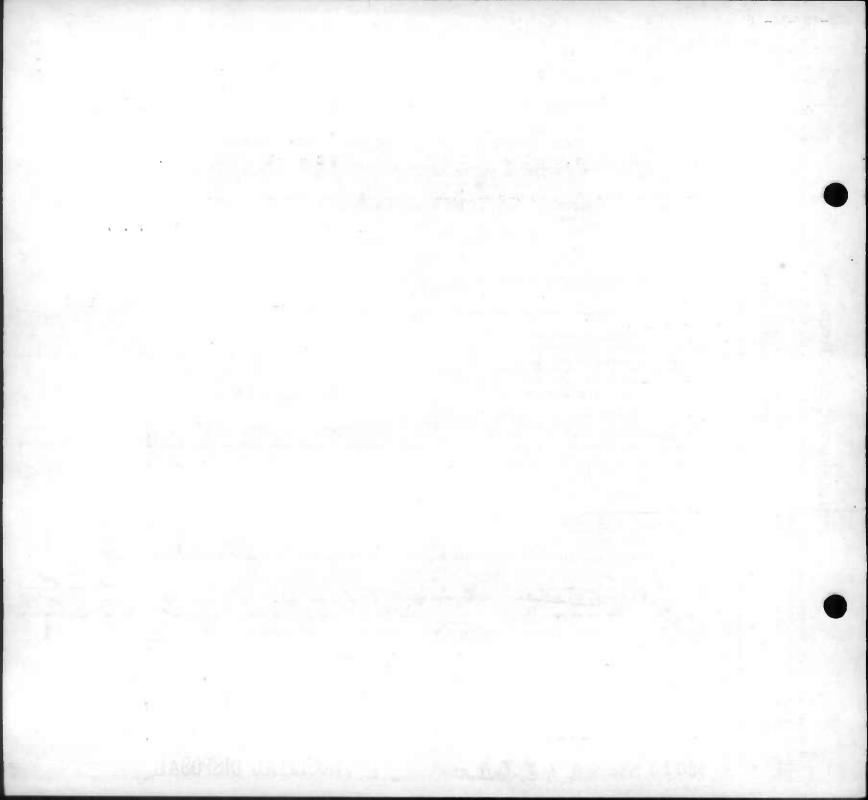
65 12575	BALTIMORE CITY H	HEALTH DEPARTMENT	CI	A OFTER
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	12575
1. NAME OF DECEASED (Type or Print) FISHER, EDNA			HOUR OF DEATH	5 4 50
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If instit	tution: residence before admission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outs	ide city limits, write RUI	/ 1
NORTH CHARLES GENGRA	L HOSPITAL	D. STREET ADDRESS _III II	uro), give location)	4-05
	DIVORCED (DATE OF BIRTH /8 55 9	AGE (In years ost birthdoy)	If Under 1 Yr., If Under 24 Hrs.
PW	A	NON 33 18 88	80	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired) HOUSE WIFE		1. BIRTHPLACE (State or foreign VIRGINIA	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME M. W. FISHER	1.	4. MOTHER'S MAIDEN NAM FISHER EM		SON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
NO	611155 05	Marcellus Fisi	her 3/09	Independences
DISEASE OR CONDITION DIRECTLY	Ruse	stured a orte	à anneyon	INTÉRVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	DUE TO OF	Keeturs. Fer	CFCRATION.	~7M.
heort lailure, osthenia, etc. 11 means the disease, injury or camplication which caused death.)		MARGE BOWEL		
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
DISEASES OR CONDITIONS, if ony, giving	DUE TO			
rise Ia lhe obave cause (A) stoting the UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., in ne, form, foctory, street, office)	or obout 2 C. WHERE DID	(If in Boltimore C	city, give exect locotion)
OF INJURY	ile At Not While	21F. HOW DID INJU	IRY OCCUR?	
22. I certify that ((1)) this hospital) attended to	he deceased from 2 00	PAM DEC 5 1	9 65 to 4 50	AH DEC. 5 1965
that (1)(we) lost sow the deceased alive on	4 40 AM DEC 5	19 1965 ond tha		on death occurred on the dote
23A. SIGNATURE) yme) (did) (did not) vie	w the body offer death.	2	3B, DATE SIGNED
W. A Newsons	M.D. Attend	ding Med.	Stoff DO	DEC. 5, 1965
23C. PHYSICIAN'S NAME (Type)		D. ADDRESS	Phys.	
24A. BURIAL CREMATION, 124B. DATE 124C. N.	M.D.	HARFORD	Rd #	18
REMOVAL (Specify)	1 10 1	240. LO	CATION (City,	town, or county) (State)
	of REGISTRAR	25C. FUNERAL DIRECTOR	rington Brd	ADDRESS
DEC 1 0 1965 Q 5 2.46	LANGE OF THE STATE	19. Melille	Jenkins 271	3 Kirk Ave





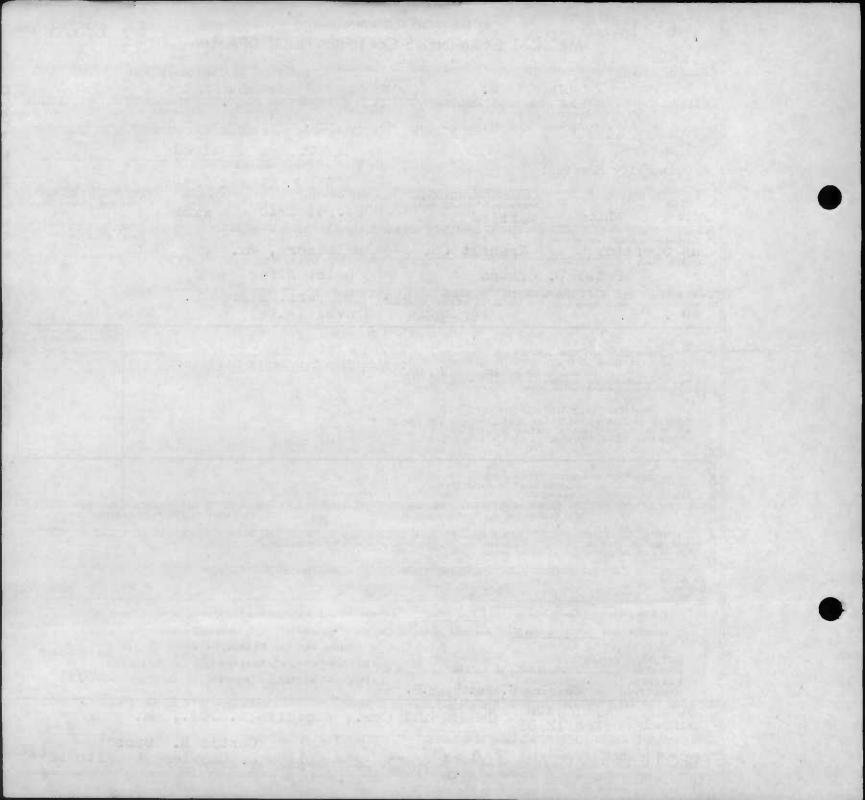
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DI 19A	FICA
21.4	MEDICAL CERTIFICATION
21 A OR DE.	ICAL
OF (Al	MED
22.	
the	
23 A	
23 0	
A. BL	24/
Cr	25.4
DF	25A

1 = -60.01	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 65 29812 65 12	2577 CERTIFICA	ATE OF DEATH	Registered No	65 12577
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH	OO INOTT
(Type or Print)	E WAIKED	11/5	28/65	1125
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whor	o doreosed lived. Il ins	titution; residence before admission)
FULL NAME OF (If not in hospital or instit	ution give street			1 ams 1
HOSPITAL OR oddross or location)	orion, give sheer	c. city or town (If out	side city limits, write RI	URAL ond give township)
Baltimore City H		Baltimore		
4940 Eastern Ave		D. STREET ADDRESS (If	tural, give location)	
Baltimore, Maryla	nd 21202	1206 Central	Avenue 21	.202
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In yoors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Nev Nev	er married	11/27/65	Elin 17 m	in
OA. USUAL OCCUPATION (Give kind of work 10 B. KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foroi	gn_country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland		U.S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
		EAVE		
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yos, no or unknown) (If yes, give were or detes of se	SECURITY NO.		40 77 - 1	03.0004
la de la companya de	CATTER	Records: BCH-49	40 Eastern A	INTERVAL BETWEEN
18. 760.0 1	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		()	-1-O- A	- 1
(This does not mean the mode of dying,	e.g., DUE TO	pulmonan	atelecte	2010
heart failure, asthenia, etc. it means the di	seose,	,		
injury or complication which coused death.	(B)	Cubarach	roid tren	norhane
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting				
UNDERLYING CONDITION lost.	(0)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			42.00
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Tes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
A 21A ACCIDENT WAS HADERI WARD	218 BLACE OF INITIAL	in or shout 21C WHERE DID	(II := P-16-14	City sine areat to a first
OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	III In Boltimolo	City, give exect locotion)
DEATH (notify modical examine)	etc.)			
OF INJURY (Month) (Doy) (Year) (House		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Wit			
22. I certify that (I) (this hospital) after			196510	12 / 196 -
	1,	c7 / /		0.5
that (I) (we) lost sow the deceased ally			of in (my) (our) opin	ion death occurred on the dat
ond hour and from the couses stated abo	ove. (N (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	1)		e. " —	238, DATE SIGNED
mora Be		tronding Med. Director	Stoff Phys,	11/28/64
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
MONA REC	INIC M.D	4940 Essternt Ave	enue, Baltimo	re.Maryland
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY or C	7		y, town, or county! (Stote)
REMOVAL (Specify)	B altimore City		altimore, Mar	
Cremated 11-30-65 25A, DATE REC'D BY HEALTH DEPT. 25B, N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
DEO 1 0 400F A	Se a Si iii	TOODET AT	DICTORA	ADDRESS.
DEC TO 1302 () 0 48	Stall Williams	TOSTILAI	TOTOTO T	Li A
VS 150-REV. 1/1/65				



BIRT	TH NO. MEDI	CAL EX	AMINER'S CE	RTIFICATE O	F DEATH Registe	ored No.
-	CASE NO.					
1. I	NAME OF DECEASED De or Print) LOUIS	M.	GRAVE		ecember 8, 196	
3. F	LACE IN BALTIMORE, MARYLAND, WI	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W)	nere deceosed lived. If ins	titution: residence before odmission)
FUI HO INS	L NAME OF (IF NOT IN HOSPITA SPITAL OR ADDRESS OR LOCA TITUTION	L OR INSTITUTION)	TION, GIVE STREET	Maryland c. city or town (if or Baltimor	straide corporate limits, write	e RURAL and give township)
1	University Hospital			D. STREET ADDRESS (If		
5. S	EX 6. RACE	7. AA APPIED.	NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr, If Under 24 Hrs.
	Male White		OIVORCED (specify)	Oct. 4, 191	9. AGE (In years lost birthday)	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work			11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Bus Operator	Trans	sit Co.	Baltimore,	Md.	USA
13.	Peter D.	Graves	5	Daisy Air		
	WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL NO. 213	17. INFORMANTMTS . I	ildred L.	ADDRESS
res	NO	s of service	03-9993	Graves (Wif	ce)	Same
	18. 420-0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH	dvina ea		iosclerotic H e	art Disease.	
	(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which caused of	the disease,	DUE TO			
	DISEASES OR CONDITIONS, IF A	NY, GIVING	(B)		00===00==00==000======000=======00======	
	RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	ATING THE				
S			(C)			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO TH				
	19A. DATE OF OPERATION 19B. CON WAS PERI		VHICH OPERATION	NO NO	No) 20 B. IF YES, WERE FI	
EDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. F home, etc.)	form, foclory, street, o	n or about 21C. WHERE DI	D (If in Boltimore City, g	ive exoct location)
Σ	OF INJURY (Month) (Doy) (Yeor (APPROX.)	W	E. INJURY OCCURRED	WHILE	INJURY OCCUR?	
	22. I certify that I held on I	m. W			this bosis, death in a	my opinion
	resulted fram: Natural cas			Homicide 🗌		
	ACTUAL ()/	. (1	CHIEF MEDICAL		DATE SIGNED
	SIGNATURE CO	reles)	1	ASSISTANT MEDICAL ASSOCIATE MEDICAL		12/9/65
	NAME (Type) Charl		etty, M.D.			
	Burial cremation, 238 date Moval (specify) Burial Dec 13.	65		em., Brookly		Md.
24/	A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIREC	To Curtis E.	Evansodress 03
	DEC 1 0 1965 R.O.	48. Fa	Hauthal (5)	nla 6 20 1400	S. Charles	St Balto Md 21

VS 151-REV. 1/1/65



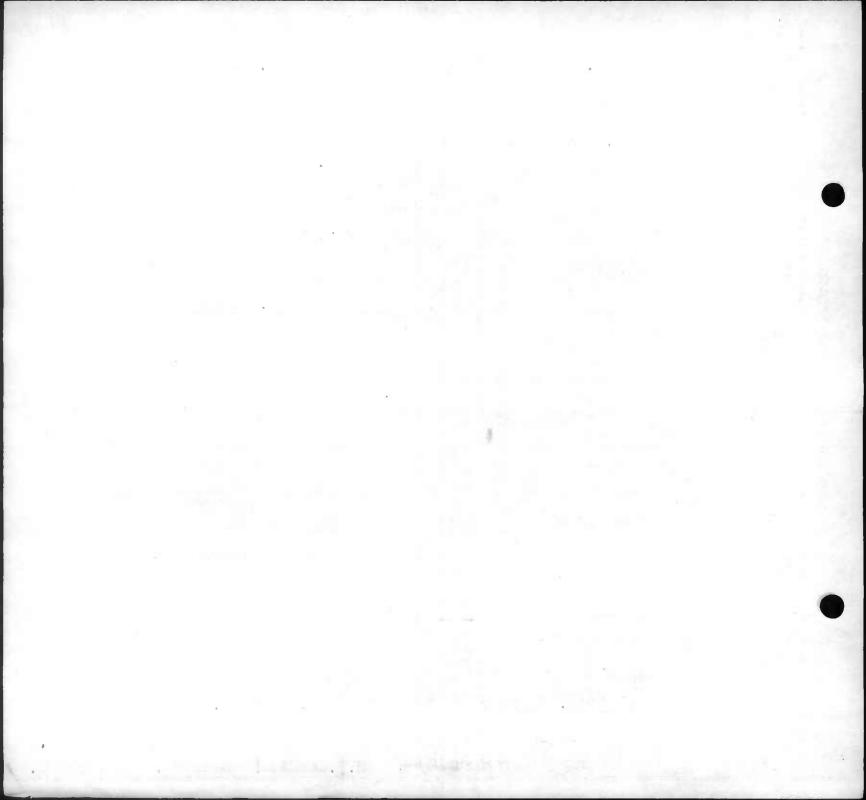
			BALTIMORE CIT	Y HEALTH DEPARTMENT	Т	CE ADTOIG		
BERTH NO.	65 1	2579	CERTIFICA	ATE OF DEATH	Registered No	65 12579		
M.E. CASE I	DECEASED	sie G. H	ardestv		AND HOUR OF DEATH	10/2		
3. PLACE OF	DEATH IN BALTIN			4. USUAL RESIDENCE		institution: residence before admission)		
FULL NA	OR oddress	n hospitol or institu or location)	rtion, give street	Maryland		RURAL ond give township)		
INSTITUTION		22 4 2 2 22		Baltimore		NORAL ONG GIVE TOWNSHIP!		
0	.231 Roun	dhill Ro	ad	D. STREET ADDRESS	(If rure), give location) 1dhill Road			
5. SEX	6. RACE	WID	RRIED. NEVER MARRIED OWED, DIVORCED (specify) OWED	8. DATE OF BIRTH 3-11-1887	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
		ind of work 10B, KIN	ID OF BUSINESS OR INDUSTR		foreign country)	12. CITIZEN OF		
Hous	ost of working life, even Sewife		Home	Virginia		U. S. A.		
13. FATHER'S				14. MOTHER'S MAIDEN				
Bern	ry Garris	on		Romenia O	. Kellam			
15. Wes Dec	nosed Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
No	me will has, flige A	or doles or ser	218-14-616	8D Mrs. Aza	alee H. Eva	ns Same		
1B, =>	9 1 V 1			OF DEATH		INTERVAL BETWEEN		
-	ISEASE OR CONDI	TION DIRECTLY	4;		,	ONSET AND DEATH		
	LEADING TO		(=	REBURAL HE	MAKERHAGI	SUDDEN- ZH		
(This d	oes not mean the	made of dying,	e.g., DUE TO		-1-10/10/1-1-1			
heart fa	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (A) CEREBRAL HEMMORNAGE. SCOREN Z. DUE TO (B) CHRONIC BRAIN SYNDROME 14 YEARS (C) ARTERIUSCLE ROSIS GENERALDED (?)							
Injury a	injury or complication which caused death.) CURANIC BRAIN SYNDROME 14 YEAR							
	ANTECEDENT	CAUSES	DUE TO	790				
DISEAS	ES OR CONDITIO	NS, if ony,	jiving n	2001-15	Dance Con . 05	(2)		
	the above car		the (C)/11K	PKIOSCLEK	OSOSENEK	MCTZET) (1)		
UNDER	LING CONDITION	1051,						
H TO TH	SIGNIFICANT CONE SE DEATH BUT I E OR CONDITION C	NOT RELATED TO						
		The state of the s	FOR WHICH OPERATION	20A-AUTOPSY? (Yes		E FINDINGS CONSIDERED AUSES OF DEATH?		
OR CON	CIDENT WAS UNDITRIBUTING CAUS	RLYING DE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DI office bldg.,	D (If in Boltimo	ore City, give exact location)		
OF INJU	RY	y) (Yeor) (Hour)	21E INJURY OCCURRED While At Work Not Will At Work	nile 🗀	INJURY OCCUR?			
22 1	-4:6., 4b-0 /1\ /4L-			State	1958 10 DE	(9 1865		
			ded the deceased from on NAY. 29	19 6 5 on		pinion death occurred on the date		
ond hou	er and from the co	uses stated abo	ve. (1) (We) (did) (did not)	view the body ofter dec	eth.			
23A. SIG	NATURE	11	1			23 B. DATE SIGNED		
()	Days.	Karl		ttending Med. Director	Stoff Phys.	12/1/15		
23C. PHY	SICIANS	7		23D. ADDRESS		1.0/60		
NA	ME (Type) Dr.	Arthur	Karfgin M.		wood Road	Balto., Md.		
	CREMATION, 24B.	DATE 2	4C. NAME of CEMETERY of C	REMATORY 24	D. LOCATION I	City, town, or county) (State)		
Buria	AL (Specify)	77 65	Toudon Doni- C	own or the owner.	Dol times	3.6.2		
	EC.D BA HEALTH D	-11-65 DEPT. 25B. N/	Loudon Park C	25C. FUNERAL DIREC	Baltimore,	ADDRESS		
	DEC 1 0 196	- A	Carlway 2	Henry W.	dinkins &			

		BALTIMORE CI	TY HEALTH DEPARTMENT		05 10500
BIRTH NO. 65 1.258!	0	CERTIFIC	ATE OF DEATH	Registered No	. 65 12580
M.E. CASE NO. 1. NAME OF DECEASED	- N		2. DATE	AND HOUR OF DEAT	Н
(Type or Print) L. Vel	non Mi	ller	Dec	. 8, 1965	18 7
3. PLACE OF DEATH IN BALTIMORE, M			4. USUAL RESIDENCE (WI A. STATE B. COL	here deceased lived. If	institution: residence before odmis
SHILL MANE OF MICH.	1 1 12 12			INIT	27-1
FULL NAME OF (If not in hospito HOSPITAL OR oddress or locoti		give street	Maryland c. cm of town (()	outside city limits, writ	e RURAL and give township)
INSTITUTION			Baltimore		a nonite one give territorip
O 11 W. Cold	Spring	Lane		If rurol, give focotion)	
			ll W. Cold	Spring La	ane
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24
M W	Marr	i ed (specify)	5-29-1884	lost birthdoy) 81	Months Doys Hours Mi
10A. USUAL OCCUPATION (Give kind of wo	ork 108, KIND OF		RY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF
done during most of working life, even if retired)			36 3 3		WHAT COUNTRY?
Lawyer	La	W	Maryland	AAAE	D
			I MOINERS MAIDEN N	MINIE .	
DeCatur Miller			Agnes Owen	S	
15. Was Deceased Ever in U.S. Armed Fo (Yes, no or unknown) (If yes, give wor or do	arces? tes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			Katherine B	. Miller	Above
18.		CAUSE	OF DEATH	A	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.		(C)	Parlial	HEATT BI	ock
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE	E	/		
WAS PE	RFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or I	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		e, form, foctory, street,	office bldg., (NJURY OCCUR?	(If in Boltim	ore City, give exact location)
OF INJURY (Month) (Doy) (Year		INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX)	Whi	le At Not W	hile		
22. I certify that (I) (this hospital			MANI	.19/ 5 to	1) 8 8 196
that (I) (we) last saw the deceas		1	140,4	4.6	4
		DEC 0			pinion deoth occurred on the
ond hour and from the couses sto	oted abave. (1) (We) (did) (did-not)	view the bady ofter deoth	•	
7.1. //	1130.1	M.D. A	ttending Med.	Stoff	23 B. DATE SIGNED
WALLER I	HULLY	Pi	nys. Director	Phy s.	14/1/65
23C. PHYSICIAN'S NAME (Type)	V		23D. ADDRESS		1 1
Walter A.	Baetjer	c M.E	1010 St. Par	al St.	
24A. BURIAL CREMATION, 248. DATE REMOVAL ISpecifyl	24C. N A	ME of CEMETERY of C	REMATORY 24D.		City, town, or countyl 1Sto
Puntal 12 11	-65 Dm	uid Ridge	D-11	cesville	L.M.
DEC 10 1965	258. NAME O		25C. FUNERAL DIRECTO	DR VILLE	ADDRESS
DEC 1 0 1365 (Howert &	JELHAN MA	H.W. Jenkin	s & Sons	Co.4905 York Rd

H.W. Jenkins &

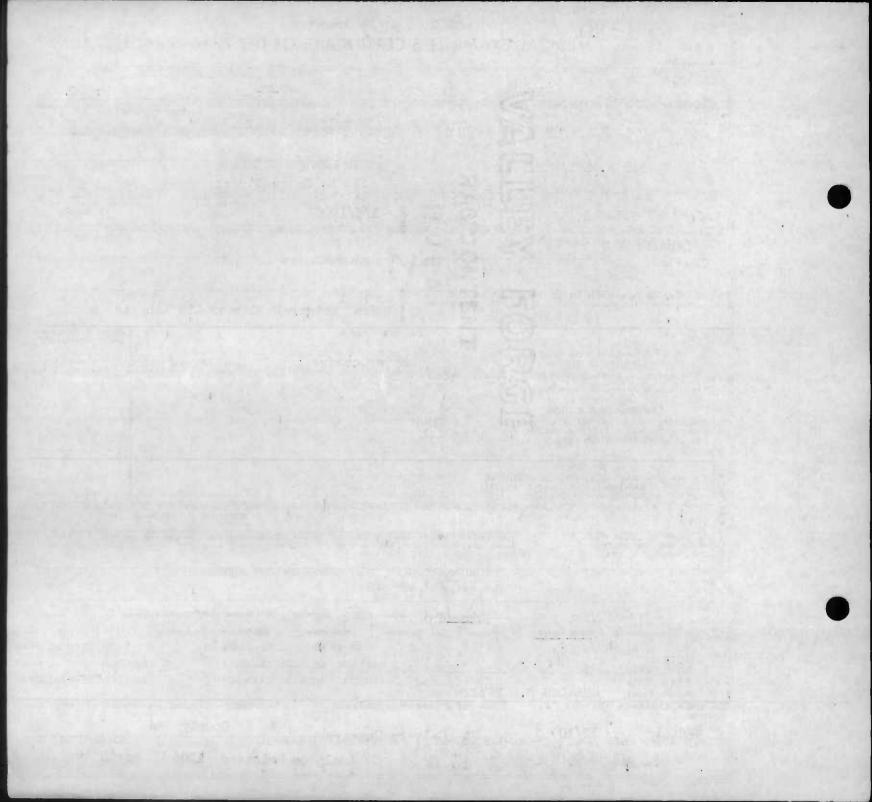
York Rd.

Co.4905

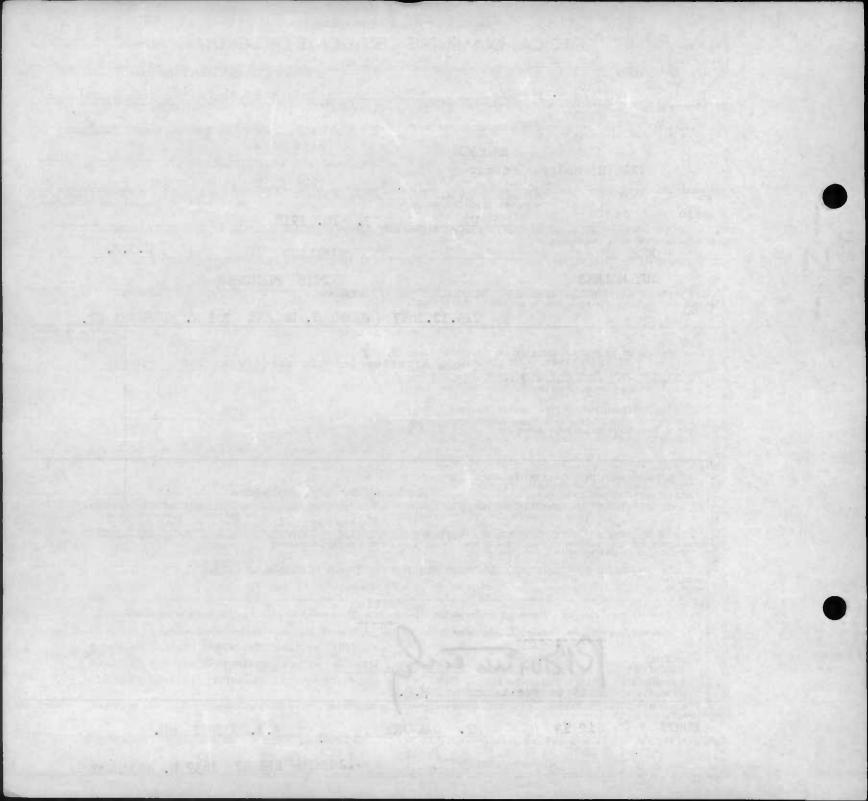


	6	35	12581	BALTIMORE CITY HEALTH DEPARTMENT	CE	25
	BIRTH NO.	JU	MEDICAL	EXAMINER'S CERTIFICATE OF DEATH Registered No.	60	.LK
l	M.E. CASE NO).				

-	E. CASE NO.									
l. (Ty	Pe or Print)	CEASED						HOUR PRONOUNCE	D DEAD	
				EDWARD	BRANCH		12-6-			2:00 P. M.
3. 1	LACE IN BALT	TIMORE, MARY	LAND, WI	HERE PRONOU	NCED DEAD	A. STATE	NCE (Where	deceased lived. If instit	lution: resid NTY	ence before admission)
HC	LL NAME OF		OR LOCA		TION, GIVE STREET	Marylar c. city of fow		corporate limits, write	RURAL on	d give township)
0		526 N.	EUTAW	STREET		D. STREET ADDR	ESS (If rurol,			
5. :	° EV	6. RACE		7 44 4 00150	NEVER MARRIED	B. DATE OF BIRTH	Eutaw S	9. AGE (In years /	TH Hadai	1 Yr. If Under 24 Hrs.
1	ſale	Colore		WIDOWED, C	Separated	1/5/1900		last birthdayl	Months	Doys Hours Min.
don	durine most of	Working life, ever	kind of work if retired)	10B. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE	State or foreign	country)	12. CITIZE WHAT	N OF COUNTRY?
13.	FATHER'S NAA	AE		?		14. MOTHER'S MA	AIDEN NAME		?	
		O EVER IN U.			16. SO CIAL SECURITY NO.	17. INFORMANT Mrs Mar	garet	Carter 413	ADDRESS Robert	s St
CERTIFICATION	DISEASES RISE TO TH UN DERLY!!	not mean the , asthenio, etc. mplication whice ANTECENDEN OR CONDITION IE ABOVE CAU NG CONDITION III INIFICANT COI DEATH BUT	It meons h coused of T CAUSES DNS, IF AI JSE (A) ST DN LAST.	the discose, leath.) S NY, GIVING ATING THE						
CERTIF	19A. DATE OF	F OPERATION		DITION FOR V	VHICH OPERATION	20A. AUTOPSY?		20B. IF YES, WERE FIN IN CERTIFYING CAUS		
EDICAL	UNDERLYING	CAUSE WAD OR CONTRIB-		21 B. I home, etc.)	PLACE OF INJURY (e.g., form, factory, street,	in ar about 21C. W	HERE DID (lf in Boltimare City, giv	re exoct la	cotion)
Σ	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK									
	22. I certify that I held on Inquiry Inspection X Autopsy ond that an this basis, death in my opinion resulted from: Natural couses X Accident Suicide Homicide Undetermined monner									
	ACTUA SIGNAT EXAMIN NAME (URE	CHARLE	s s. Pi	ETTY M.D	ASSISTANT ME		AMINER 🖾		12-6-65
	BURIAL CRE	MATION, 238	DATE		NAME of CEMETERY	CREMATORY	23D. LC	OCATION (City,	tawn, or co	ounty) (State)
	Burial		2/10/	65	Mt Calvary	Cometar	A	A County		
24	DE	BY HEALTH E	365 R	24B. NAME-	of REGISTRAR M.R.	24C. TOMERA		stead 1206		rth Ave



	TH NO. 65 1258 MEDI	ICAL EX	KAMINER'S CI	ERTIFICATE	OF DEATH Registe	red No. 65 1258
-	E CASE NO. NAME OF DECEASED				ATE AND HOUR PRONOUNC	
	GEORGE W.	HOLMES		2. 5	December 8, 196	
3.	PLACE IN BALTIMORE, MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. If inst	itution: residence before admission
				A. STATE Mary		10-0
HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET		(If outside corporate limits, write	RURAL ond give township)
IIN.	SITUTION	RE	DENCE	Balt	imore	
U	1224 E. Madis	son Stre	eet	D. STREET ADDRESS	(If rural, give location)	
					E. Madison Stre	et
	SEX 6. RACE	7. MARRIED, WIDO WED,	NEVER MARRIED DIVORCED(specily)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months, Doys, Hours, Min
	male negro		NGLE	7. 10. 19	18 47	
	N. USUAL OCCUPATION (Give kind of work to during most of working life, even if retired)	10B. KIND OF	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
	COOK			MARYLAN	D	U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDE	NAME	
	GUY HOLMES			NETTIE	FLETCHER	
15. (Ye	was deceased ever in u.s. armed s, no of unknown) (If yes, give wor or dote	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		215.12.1857	JIMMY G. H	IOLMES 701 W. M	ULBERRY ST.
	1B. // 0 0			OF DEATH		INTERVAL BETWEEN
Z	ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	NY, GIVING	(B) DUE TO			
E	II		me Year on the			
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	LATED TO T	HE		nphysema	
O	19A. DATE OF OPERATION 19B. CON WAS PER	FORMED	WHICH OPERATION	yes-Partia	a 1 208, IF YES, WERE FILE OF THE PROPERTY O	SES OF DEATH?
EDICAL	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		PLACE OF INJURY (e.g., e, form, foctory, street, c		E DID (If in Boltimore City, gi	ve exoct location)
Σ	21D TIME (Month) (Doy) (Year (APPROX.)		WHILE AT NOT	WHILE	DID INJURY OCCURY	
	22. I certify that I held an			tial	t on this basis, death in m	ny opinian
	resulted fram: Natural car	uses XX A	Accident Solgid	e Hamicide	Undetermined monne	er 🗌
	101/	0			CAL EXAMINER	
	ACTUAL SIGNATURE	nertu	4 EUX	ASSISTANT MEDIC	CAL EXAMINER	DATE SIGNED
	EXAMINER'S	Breiter	necker, M.D.	ASSOCIATE MEDI		12-8-65
	A, BURIAL CREMATION, 23B. DATE		C. NAME OI CEMETER O	CREMATORY	23D. LOCATION (City,	town, or county) (Stote)
RE	BURIAL 12 13	65	MT. CALVARY		A.A. COUNTY M	n.
24.	A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL D		ADDRESS
	DEC 1 0 1955 (la Creet	E. Broke, M. B.	JOSEPH	KNIGHT T630 N	RDO ATEJ AV



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D.O. A.

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(4) Undetermined cause; (5)

contributing cause

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BALTIMORE CITY HEALTH DEPARTMENT 65 12584 Registered Na._ BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Anna Robinson November 30, 1965 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If not in hospital or institution, give street FULL NAME OF Maryland HOSPITAL OR address or location) (If outside city limits, write RURAL and give Provident Hospital Baltimore D. STREET ADDRESS 1514 Division Street (If rural, give location) Baltimore, Maryland 534 Oxford Street made 6. RACE 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Und Months: Doys Hours 5. SEX Negro 12-2-98 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cassie Arron Thomas 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. 534 Oxford Street Doris Clash CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made at dying, e.g., heart tailure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the before the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notily medical examiner) be obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work that (I) (we) last saw the deceased olive an November 30. and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Phys. Med. Stoff Director L approval 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) 1514 Division Street Theodore 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify)

20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 22. I certify that (1) (this haspital) attended the deceased from November 28. 1965 to November 30. 1965. _____19__65____ond that in(my) (our) apinion death occurred on the date 238. DATE SIGNED November 30, 1965 (City, town, or county) Burial 125A. DATE RECO BY HEALTH DEPT. 1965 (Auburn Cemetery Baltimore 12-4-65 Mt 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR V\$ 150-REV, 1/1/65

If Under 24 Hrs.

ADDRESS

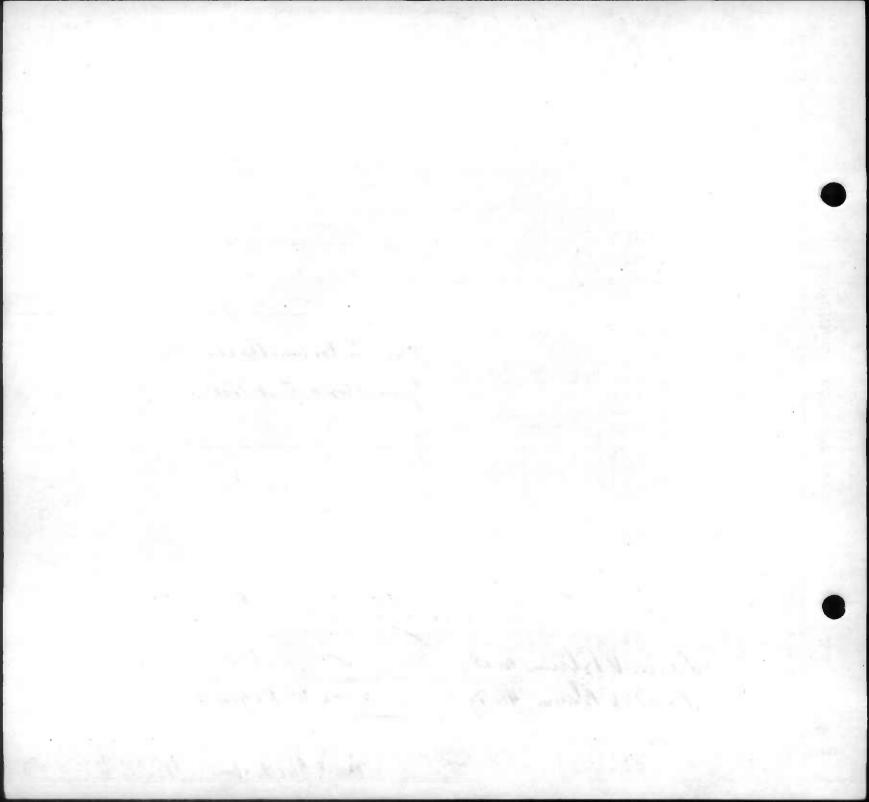
INTERVAL BETWEEN

ONSET AND DEATH



M-600

	BALTIMORE CITY	HEALTH DEPARTM	ENT	OF BOTO
BIRTH NO. 65 12585	CERTIFICA	TE OF DEA	TH Registered No	. 65 12585
M.E. CASE NO.		12. D	ATE AND HOUR OF DEAT	Н
Type or Print) Mrs. Lolo Moore	2		Dec 8 19	- 130
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENC	E (Where deceased lived, If	institution: residence before odmission)
			COUNTY	14 -1
FULL NAME OF (If not in hospital or institution, give	street	Mary	land	17-01
HOSPITAL OR oddress or location) INSTITUTION	1	C. CITY OR TOWN	(If outside city limits, write	e RURAL ond give township)
Park Hill Convalesce	int	Daltin	1086-1	
IGIT ATTI CONTAINS		D. STREET ADDRESS	(If rurol, give location)	2
HON	16	1620 %	Tolton &	+
SEX 6. RACE 7. MARRIED, NEV		8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , If Under 24 Hrs.
E 11:11 TO	IVORCED (specily)	2/1/187	lost birthdoy)	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	SINESS OR INDUSTRY	11, BIRTHPLACE (Stote	or foreign country)	112. CITIZEN OF
one during most of working life, even if retired)		Manual and		WHAT COUNTRY?
Housewife		Maryland		
3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
William T. Downs		Louisana	?	
	SOCIAL	17. INFORMANT	•	ADDRESS
(es, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.			
		Mr. John T	. Moore	8725 Old Harford
18. 3.3 4. X I	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			Δ 3	ONSET AND DEATH
LEADING TO DEATH	in Char	rue Bra	in alese une	ALV MILLIA
(This does not mean the mode al dying, e.g.,	DUE TO			
hearl failure, asthenia, etc. It means the disease, injury or complication which coused death.)		1	in Clesiane ast rolein	
ANTECEDENT CAUSES	(B) Jene	evalued (ist tellion	n neur
	DUETO			0
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the	(C)			
UNDERLYING CONDITION last.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	CH OPERATION	20A. AUTOPSY? (Ye	s or No) 208. IF YES, WER	E FINDINGS CONSIDERED
198. CONDITION FOR WHICE		aro	IN CERTIFYING C	CAUSES OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in	or obout 21C. WHERE	DID (If in Boltim	ore City, give exact facation)
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examines)	orm, foctory, street, offi	ice bldg., INJURY OC	CUR?	
<u>u</u>				
U OF INJURY	JURY OCCURRED		DID INJURY OCCUR?	
(APPROX.) While A	Not While			
		+ 20	10 68	Dec 8 1065
22. I certify that (1) (this hespital) attended the d	0		19 58 to	Management Representation 1 / Accordance
that (I) (we) last sow the deceased alive on	LLRC 8	19 6 3	ond that in (my) (out) a	pinian death occurred on the da
ond haur and from the causes stated abave. (1) (W	(did) (did not) vi	ew the body ofter	deoth.	
23A. SIGNATURE				23B. DATE SIGNED
Luis 1/ Klasses Mrs.	M.D. Atter	Med.	Stoff Phys.	12/8/65
22C BHYSICIANS	Phys	Directo	r 🗀 Phys. 🗀	1 4/1/6)
23C.PHYSICIAN'S NAME (Type)			0 0	R Ad a li
Louis V. Buya, M.1)) . M.D.	3502 W	. Rogen an	Balto 9, del
4A. BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERY or CRE	MATORY	24D. LOCATION	(City, town, or county) (Stote)
72/71/65 0-00	nghoro		Greenshore (Caroline Co Md
Dullal		laso successive		
DA, DATE REC'D BY HEALTH DEPT. 25B, NAME OF R	MA	25C. FUNERAL DI	RECTOR	n. y Pa. ane
REMOVAL (Specify)	ensboro		Greensboro,	(City, town, or county) (

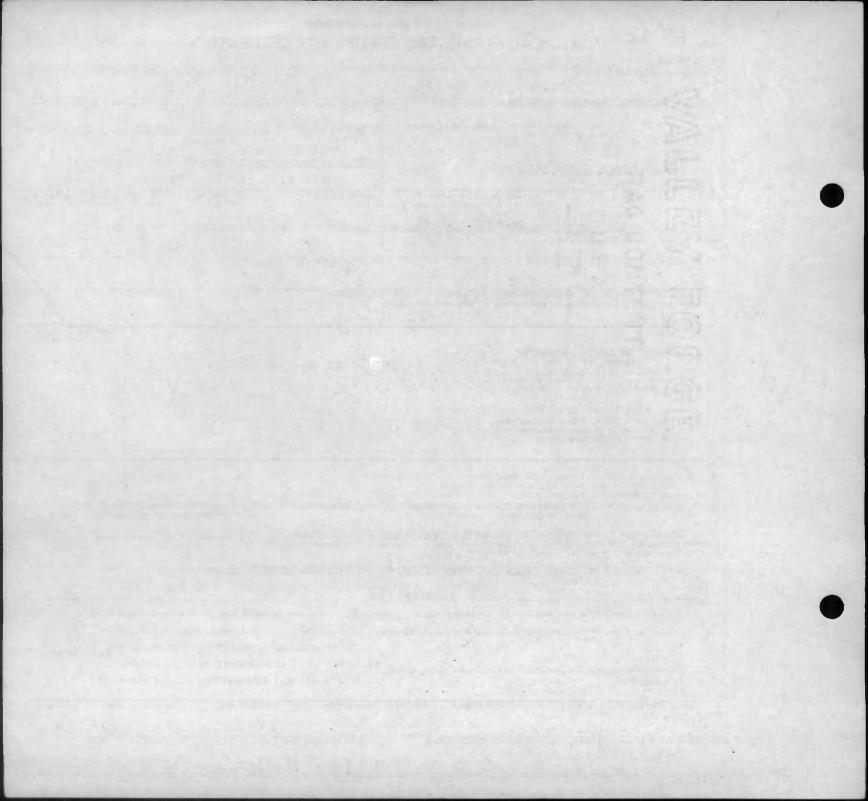


BIRT	H NO.55	12586 MEDI	CAL EX	AMINER'S CE	RTIFICA	TE OF D	EATH Register	red No.	1.20	000
_	NAME OF DE	CEASED ROBER	T WASH	INGTON BROWN	V Jr.	2. DATE AND 12-8-	HOUR PRONOUNCE	ED DEAD	1:00	P
FUL	L NAME OF	TIMORE, MARYLAND, WI	L OR INSTITU		C. CITY OR TO	aryland	eceosed lived. If insti B. COU corporate limits, write	NTY	150	0
9	Pr	ovident Hospi	tal		D. STREET ADD	RESS (If rurol, g				
5. S	male	6. RACE	WIDOWED, I	NEVER MARRIED DIVORCED (specify) Married	Jan. 1,	,	9. AGE (In years lost birthday)	If Under Months, D	Yr. If Under	er 24 Hrs Min.
t0A	USUAL OCC	CUPATION (Give kind of work working life, even if retired)	TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE Marvl	(Stote or foreign	country)	12. CITIZEN WHAT	COUNTRY?	
	ATHER'S NA	Robert			14. MOTHER'S M		Watkins			
		n) (If yes, give wor or dote:		16. SO CIAL SECURITY NO.	Bertie	Brown :	1717 N. P	address ulask	i St.	
CERTIFICATION	DISEASES RISE TO TI UN DERLY OTHER SIG	LEADING TO DEATH not meon the mode of p, osthenio, etc. It meons pmplication which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT REL	the discose, deoth.) S NY, GIVING ATING THE CONTRIBUTII	(B) DUE TO (C)	wounds o	i abdome	n			
MEDICAL	19A. DATE O	WAS PERI	DITION FOR TORMED	WHICH OPERATION PLACE OF INJURY (e.g., i form, foctory, street, o house	n or obout 21C. N	where DID (III) Y OCCUR?	n Ave.	SES OF DEA	TH?	
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) 12-4-65 12:10Am. WHILE AT NOT WHILE X shot during altercation 22.									
	I certify that I held on Inquiry Inspection Autapsy X and that on this basis, death in my opinion resulted from: Noturol causes Accident Suicide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. Actual Signature Associate Medical Examiner 12-8-65									
REA	BURIAL CR	EMATION, / 238. DATE		C. NAME OF CEMETRY O			cation (City,	town, or co	ounty)	(Stote)
	45%	12/13 BY HEALTH DEPT. 10 1965	1 - 0	Balto Natl OF REGISTRAR		RAL DIRECTOR	1. 134s		DDRESS	54

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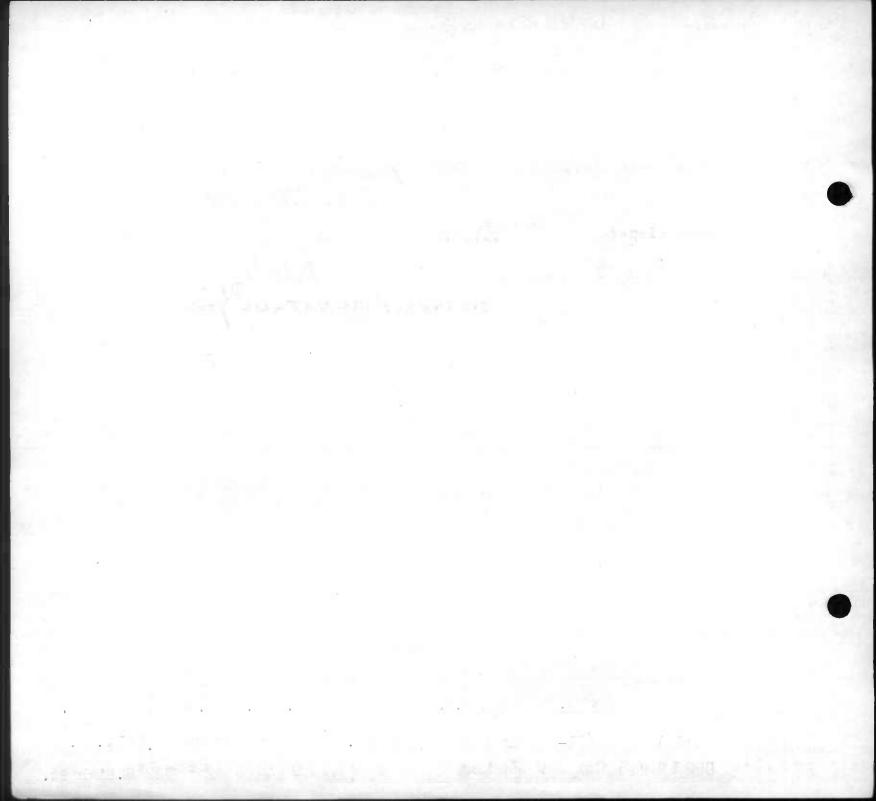
RTH NO.5 12587 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regi	istered No.
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Type or hinds LUCILLE DELOATCH December 9, 1965 5:05 A LUCILLE DELOATCH December 9, 1965 5:05 A LUCILLE LUL WART AND WHERE PRONOUNCED DEAD LUL WART OF MART AND, WHERE PRONOUNCED DEAD LUL WART OF MART AND WHERE PRONOUNCED DEAD Provident Hospital Provident Hospital C. CITY OR TOWN III outside copposed binds, write BURAL and give location of 10 Minus of	M.E. CASE NO.								
ULL NAME OF OF DEATH DISEASE OR COUNDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION CONTRIBUTING TO THE ABOVE CAUSE LAS STATING THE DISEASE OR CONDITION CONTRIBUTING TO THE ABOVE CAUSE LAS STATING THE DISEASE OR CONDITION CONTRIBUTING TO THE ABOVE CAUSE LAS STATING THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRI	1. NAME OF DECEASED (Type or Print)	E DELOAM							
ULL NAME OF IGOPTIAL OR ADDRESS OR LOCATION A STATE MATYLAND A STA				M.					
The provident Hospital Ostate Address of North Address o	3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	A. STATE B. COUNTY	: residence before odmission)					
Baltimore Distance	FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET		16-01					
Provident Hospital D. STREET ADDRESS (III used, give location) 613 N. Carrollton Avenue 614 Negro 615 N. Carrollton Avenue 615 Negro 616 N. Carrollton Avenue 617 N. MARKIED, NEVER MARKIED 618 N. Carrollton Avenue 618 N. Carrollton Avenue 619 N. Carrollton Avenue 610 N. Carrollton Avenue 610 N. Carrollton Avenue 610 N. Carrollton Avenue 610 N. Carrollton Avenue 611 N. Carrollton Avenue 612 N. Carrollton Avenue 613 N. Carrollton Avenue 613 N. Carrollton Avenue 614 N. Carrollton Avenue 615 N. Carrollton Avenue 616 N. Carrollton Avenue 617 N. Markied N. Carrollton Avenue 618 N. Carrollton Avenue 618 N. Carrollton Avenue 619 N. Carrollton Avenue 619 N. Carrollton Avenue 610 N. Carrollton Avenue 611 N. Carrollton Avenue 612 N. Carrollton Avenue 613 N. Carrollton Avenue 614 N. Carrollton Avenue 615 N. Carrollton Avenue 616 N. Carrollton Avenue 617 N. Carrollton Avenue 618 N. Carrollton Avenue 619 N. Carrollton Avenue 619 N. Carrollton Avenue 619 N. Carrollton Avenue 610 N. Carrollton Avenue 611 N. Carrollton Avenue 612 N. Cause Market Manket M	HOSPITAL OR ADDRESS OR LOCA	TION		AL and give townships					
SEX S. RACE S. RACE N. Carrollton Avenue S. DATE OF BITH S. AGE In years Min. Willow Min. M			Baltimore						
SEX	/ Provident Hospit	al al		ALC: VILLE N.					
Temale Negro OR USUAL OCCUPATION (Give kind of voring interest) OR USUAL OCCUPATION (Give interest) OR USA FERNAL CAUSE (Give interest) OR UNDERLYING OC CONTRIBUTION (Give interest) OR UNDERLYING OCCUPATION OR OR USA FERNAL CAUSE (Give interest) OR OR OR USA FERNAL CAUSE (Give interest) OR O			613 N. Carrollton Avenu	e					
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ADDRESS S. WAS DECEASED EVER IN U.S. ARMED FORCES? fest, no drunknownfull yes, give wor or doles of servicel DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not moon the mode of dying e.g., bright or complication which coused death, seesse, injury or complication which coused death, seesse, injury or complication which coused death, seesse, injury or complication which coused death. DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTION (C). DISEASE OR CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTION (C). BY AD DECEMBER OR CONDITION CAUSES OF CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. (C). DISEASE OR CONDITION CONTRIBUTION (C). (C). WAS PERFORMED OTHER SIGNIFICANT CONDITIONS CONTRIBUTION (C). WAS PERFORMED UNDERLYING CONCINED. OTHER SIGNIFICANT CONDITION CONTRIBUTION (C). WAS PERFORMED UNDERLYING CONCINED. OTHER SIGNIFICANT CONDITION (C). (C). WAS PERFORMED OTHER SIGNIFICANT CONDITION CONTRIBUTION (C). WAS PERFORMED UNDERLYING CONCINED. OTHER SIGNIFICANT CONDITION (C). (C). WAS PERFORMED OTHER SIGNIFICANT CONDITION (C). (C). WAS PERFORMED OTHER SIGNIFICANT CONDITION (C). (C). WAS PERFORMED OTHER SIGNIFICANT (C). (C). (C). (C). (D).	Female Negro	Bel - Constant		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
3. FATHER'S NAME 3. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH (This does not meon the mode of dying e.g., head foliar, ostherio, etc. it means the discose, hinlury or complication which caused death.! ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITION CAUSING IT. (C). 18. CAUSE OF DEATH (A) FAITY CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C). 19. DISEASE OR CONDITION CAUSING IT. (C). 10. ANTECENDENT CAUSE WAS 19. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bottimore City, give exact location) was PERFORMED Yes UNDERLYING CORONTRIB- total control of the con	10A. USUAL OCCUPATION (Give kind of work	BUSINESS OR INDUSTR							
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S. WAS DECEASED EVER IN U.S. ABMED FORCES? (es, no grunknown(yes, give war or dates of service	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1 0 77.					
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS 1. ADDRESS	6711	Street Laboratory of the Street	D 1//						
CAUSE OF DEATH SECURITY NO. SE			KOSGVY Vangle	DRECC					
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ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)	(This does not mean the mode of	dying e.g., DIE TO	× 1,						
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Yes In Certifying Causes of Death? Yes In Certifying Causes of Death? Yes In Certifying Causes of Death? Yes	9								
Yes Yes	OTHER SIGNIFICANT CONDITIONS								
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resulted from: Notural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER		22. Certify that I held on Inquiry Inspection Autonsy and that on this basis death in my opinion							
CHIEF MEDICAL EXAMINER DATE SIGNED									
DATE SIGNED	resulted from: Noturol Cau								
ACTUAL DATE SIGNED	ACTUAL 60/	DATE SIGNED							
SIGNATURE (Calle) (dly M. ASSISTANT MEDICAL EXAMINER X		SIGNATURE Charles of oly M.D. ASSISTANT MEDICAL EXAMINER X							
EXAMINER'S Charles & Botty M.D. ASSOCIATE MEDICAL EXAMINER 12/9/65	EXAMINER'S Charles	S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER	12/9/65					
Trime (1990)	HAME (Type)		of CREMATORY 23D. LOCATION (City, town	n, or countyl (Statel					
	REMOVAL (Specify)	- 1 1 1 1	1 2 16	1 - 1					
Burial 12-13-65 MA Auburn Cem Daltimore Mid.	1 - 1 - 1		IN Cem Dallimore	· Md.					
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTIAR 24C. FUNERAL DIRECTOR ADDRESS	24A. DATE REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS					
DEC 10 1000 1600 1 5 6 0 1 1 8 100 0 10 1 1 1 1 1 1 1 1 1 1 1									
VS 151-REV. 1/1/65	DEC TO 1909 OFF	5 0 0	1 Den 9 10 1 1348	V Colher TX					

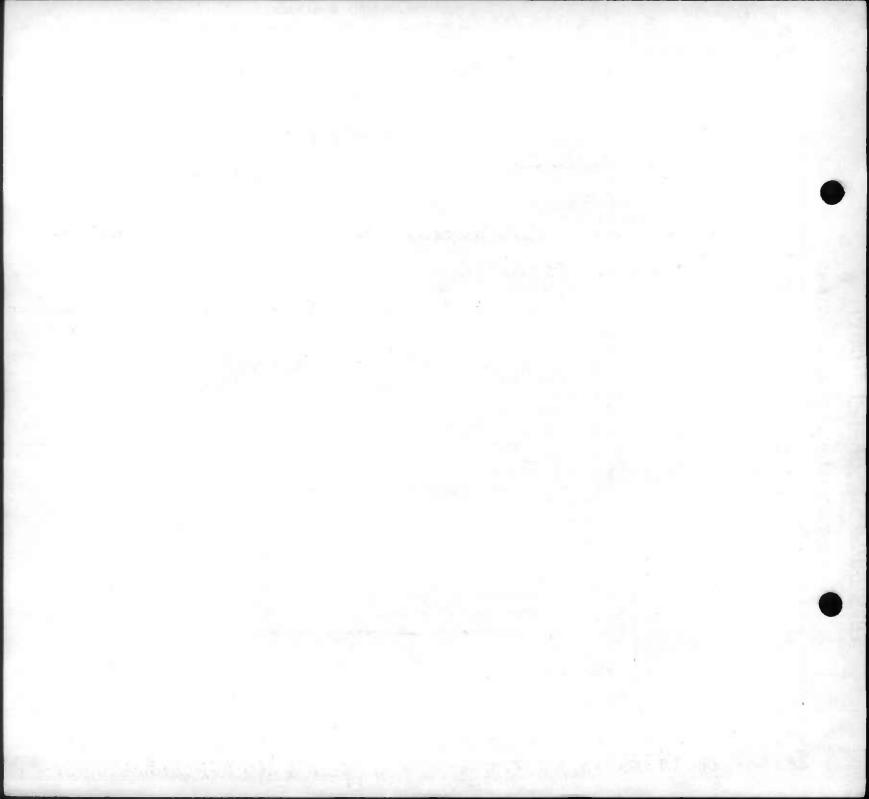


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

05 49500	BALTIMORE CITY I	HEALTH DEPARTMENT	6	5 12588
MRTH NO. 65 12588 M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered No.	12000
(Type or Print)	EATRIC	E 2. DATE AN	DHOUR OF DEATH	4:30 p
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WAS A, STATE B. COUN	e deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or institution address or location)	on, give street	Maryla	tside city limits, write RI	URAL ond give lownship)
13		D. STREET ADDRESS THE	rural, give location)	2/230
13/12 South Baltimore	GENERAL HOSP	1519 B	ank St.	
F. W. WIDON	ED, NEVER MARRIED WED, DIVORCED (specify) B CO (2)	7-26-1891	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
dane during most of working life, even if retired)		1. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
Store Keeper	XXXXXXX	Ita	14	Italy
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME	
Faust Pann	ioni	Nata	liE.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of servic	1 6. SOCIAL 1	7. INFORMANT	DIANG	ELO ADDRESS
No	212348804	MIRS-NATAL	IE YORI	1519 Bruk ST
18. 4 9 9 11	CAUSE OF	DEATH	01	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	P	1 A . 1	0-1/41	ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying, e	(A) Pu	Jeane N	wix your	ue
heart failure, asthenia, etc. It means the disea		1	. /	
injury or complication which coused death.)	(8) MJ	terisonless	tion	
ANTECEDENT CAUSES	DUE TOPOL	Nimanaule	in desla	00)
DISEASES OR CONDITIONS, if ony, given rise to the obove cause (A) sloting		www.	o con victory	
UNDERLYING CONDITION last.	Bada bada wakanin da dadaka da	****	· · · · · · · · · · · · · · · · · ·	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
	DR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	21R PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	or obout 21 C. WHERE DID	(If in Soltimore	City, give exact location)
=	21 E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	While At Work Not While At Work			
22. I certify that (this haspital) attende		12-5	19 65 10	12-7 1068
	1- 17	1 /		19.65
that (4) (we) lost sow the deceased alive o			of in (appet (our) opin	ion death accurred on the date
ond hour and from the causes stated above	. (I) (We) (did) (did not) vie	w the bady after death.		DATE SIGNED
Ester De Hot	thaus M.D. Attend	Med. Director	Staff Phys.	238. DATE SIGNED /65
NAME (Type)		D. ADDRESS		
ROBERT R. HOLTH		South Balto. Ge		1213 Light St.
24A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	NAME of CEMETERY OF CREM	ZAD. L	OCATION (City	r, tawn, or county) (State)
Burial 12/11-65 H	oly Redeemer (26C. JUNERAL DIRECTOR		Rd. Balt.Md.
DEC 1 0 1965 (0 12 3	A. Broms O	400 10 D	Illa hoel.	322 S. High St.
VS 150-REV. 1/1/65				The state of the s



			Y HEALTH DEPARTMENT				
	TH NO. 65 12585	CERTIFICA	ATE OF DEATH	Registered No.	35 12589		
1. N (Ty	AME OF DECEASED	Pobinson	12 -		17:10 A N		
1	FULL NAME OF (If not in haspital or institu HOSPITAL OR address ar lacotianl NSTITUTION	A. STATE B. COUN C. CITY OR TOWN III out	d	URAL ond give township)			
1	1/-0= 0		D. STREET ADDRESS (Ill rurol, give location) 1609 E. PrestonSt.				
1	609E, Preston St.						
5. S		RIED, NEVER MARRIED OWED, DIVORCED (specify)	10-27-1896	9. AGE (In years lost birthday)	Manths Days Haurs Min.		
dan	e during most of working file, even if retired)		Pi 'I de i	'- P	WHAT COUNTRY?		
13.	FATHER'S NAME	9. Company	14. MOTHER'S MAIDEN NA	12, P2,	21.5.17.		
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,no ar unknown) (If yes, give war ar dates af serv	V S O A	17. INFORMANTO W. N	0	ADDRESS		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	717-05-396.3 CAUSE C	Mrs. Mary. DE DEATH LIERIO SCLER		CHIERT AND DEATH		
	(This does not meon the mode of dying, heart failure, asthenio, etc. It means the dis injury or complication which coused death.) ANTECEDENT CAUSES	e.g., DUE TO eose,	ANDON DIABRIES 1	MELLITU	5 yrs.		
	DISEASES OR CONDITIONS, if any, grise to the obove couse (A) stating UNDERLYING CONDITION lost.						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO			H-1,-			
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	20 A. AUTOPSY? (Yes or No	20 B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?			
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined	21B. PLACE OF INJURY (e.g., hame, lorm, loctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact lacotianl		
MEDI	21D. TIME (Month) (Doyl (Year) (Hour) (APPROX.)	21F. HOW DID INJ	URY OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased from 2-13-62 19 to 12-9-65 19 that (I) (wa) last saw the deceased alive an 12-3-65 19 and that In(my) (was) apinion death occurred on the date						
and haur and from the causes stated above. (1) (War) (did) (did t) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Stall Phys. Phys.					23B. DATE SIGNED		
	23C. PHYSICIAM'S NAME (Type) MAU RICEL	Adams M.O.	23D. ADDRESS 2 3 8 N.	CARRY	5 + Bills Me		
244	REMOVAL (Specily)	C. NAME OF CEMETERY OF CR	-	1 .	y, town, or countyl (State)		
254	DEC 10 1965 A D & C . T	ME OF REGISTRAR	25C FUNERAL DIRECTOR	enone,	Manyland ADDRESS Elite Out		
VS	150-REV. 1/1/65	Relity May ()	Manage 19	eover 14/3	Correction st		



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prior to death.

		BALTIMO	RE CITY HEALTH DEPART		05 1050
M.E. CASE NO.	65 13	2590 CERTI	FICATE OF DE		00 1000
(Type or Print)	Zebb Car	mon or Zeb Ca	ZNNON	12-7-65	200 6
3. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDE	B. COUNTY	Il institution: residence before odmissi
FULL NAME HOSPITAL OR		or institution, give street	Maryla		nite RURAL and give township)
INSTITUTION			Baltim	ore	
Mbo To	hna Honkina	. Hognital	D. STREET ADDR	ESS (If rurol, give locotion) Lafayette 1	
5. SEX	hns Hopkins	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9 AGF (In years	If Under 1 Yr. II Under 24 Months Doys Hours Min
Male	Negro	Married (spe			Monms Doys Hours Min
	CUPATION (Give kind of work I working tife, even if retired)	LIOB. KIND OF BUSINESS OR IN		itate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	en	Refining Co.	Pick	CO. N.C.	76.8.A.
	Cannon		Penny	THE STATE OF THE S	
5. Was Decease	d Ever in U. S. Anned Fo	ices? 16. SOCIAL	17. INFORMANT	Darney	ADDRESS
	(If yes, give wor or do	es of service) SECURITY NO		CANNON 16121	acquesto Aug.
18. 44	TX EX	G/	AUSE OF DEATH	-daylon / bl x.p.	INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OF CONDITION DE	RECTLY	Too de son a son a lance	7 1	
(This does not meen the mode of dying, e.g., DUE TO			Intracere ora	l hemorrhage	14 hours
	heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.)			-CTI Di	2.
	ANTECEDENT CAUSE	DUE	Hypertensive	CV DISEASE	3+ years
rise to t	OR CONDITIONS, if he obove couse (A)				
UNDERLYIN	IG CONDITION 10 st.				
	VIFICANT CONDITIONS				
A DISEASE OF	DEATH BUT NOT REL	IT			
19A. DATE C		NOTION FOR WHICH OPERATION OF THE PROPERTY OF	ON 20 A. AUTOPSYS	(Yes or No) 20B. IF YES, WIN CERTIFYING	CAUSES OF DEATH?
U 21A, ACCID	ENT WAS UNDERLYING		RY (e.g., in or obout 21 C. WH street, office bldg., INJURY		imore City, give exoct locotion)
DEATH (noti	fy medical examiner)	etc.)			
OF INJURY	(Month) (Doy) (Year)		RED 21F. HO	W DID INJURY OCCUR?	
(APPROX.)		Work -	Al Work		
		Tattended the deceased from	1 -		December 7 19 6
		ed alive an Dec 7			apinian death accurred an the
23A. SIGNAT		(i) (we) (did) (di	a nar) view the bady are	er deam.	238. DATE SIGNED
ar	teel THE	mon / "	A.D. Attending Me	ed. Stoff Phys. Tnte	erne Dec 7. 1965
23 C. PHYSICI	AN'S (Type)	1	23D. ADDRESS		21110 200 7, 1,0)
	W. Leigh	Thompson		rvice, Johns	Hopkins Hospita
24A. BURIAL CR REMOVAL	(Specify) 248. DATE	24C. NAME of CEMETER	RY of CREMATORY	24D. LOCATION	(City, town, or county) (State
Buri		5 Carver M	emorial PK.	Laurei	, Md,
DEC 1	O 1955 A	25B, NAME OF REGISTRAR	A STUNERAL	AND Some	with a & Ou - +

24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24B. DATE HEALTH DEPT. 25B. NAME OF REGISTRAN
1965 P. Der. T. 2. For Many Of REGISTRAN
REGISTRAN
255. NAME OF REGISTRAN
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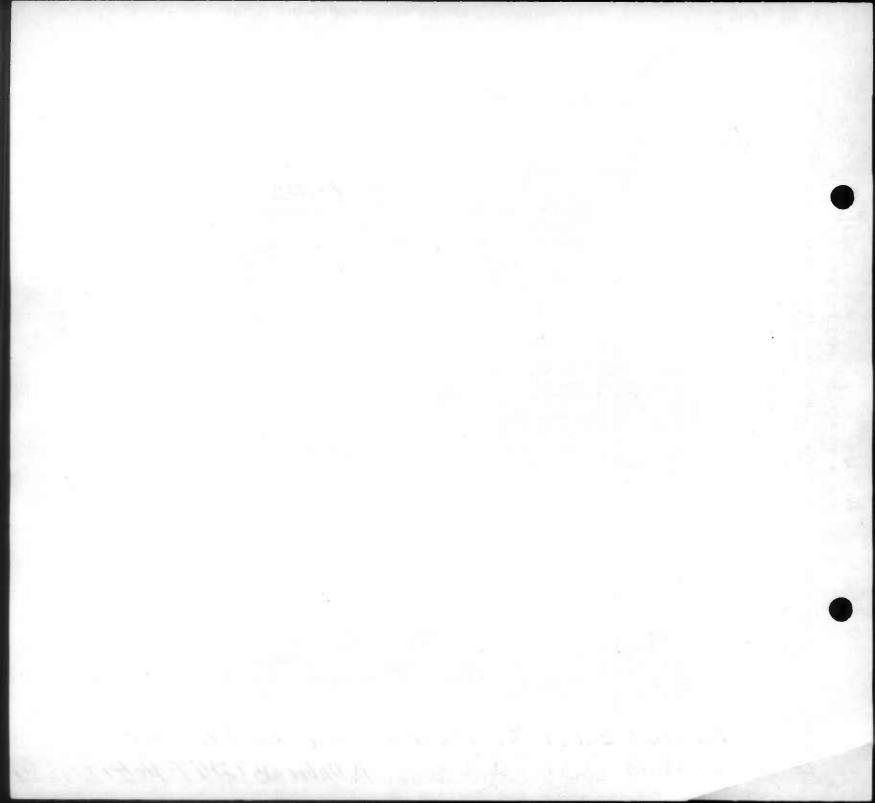


IMPORTANT FUNERAL DIRECTOR:

Registered Na CERTIFICATE OF DEATH BIRTH NO. pital and of death Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Whose deceased lived, Il institution: residence before admissign) B. COUNTY attendance A. STAT (4) Undetermined cause; (5) contributing cause FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR oddress or lacotion) C. CITY OR TOWN (If outside city limits, write BURAL and give township) 10 prior D. STREET ADDRESS (If rural, give location) regular S. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH Il Under 1 Yr. 6. RACE 9. AGE (In years Il Under 24 Hrs. Hours Min. E eceased WIDOWED, DIVORCED (specify) Hours lost birthdoyl 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? eath done during most of working life, even if retired) = Ö Was Ö the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct assistant death uo 15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or uning wn) (II yes, give wor or dates of service) 1 6. SOCIAL ADDRESS 17. INFORMAN SECURITY_NO. attendance any CAUSE OF DEATH 18. INTERVAL BETWEEN pronounced Or ONSET AND DEATH or his DISEASE OR CONDITION DIRECTLY pem of LEADING TO DEATH fracture (This does not mean the made of dying, embal 9 heart failure, asthenia, etc. It means the disease, medical examiner injury or complication which caused death.) regul ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, 3 rise to the above cause (A) stating the 2 physician UNDERLYING CONDITION last. remains MOS medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE an DISEASE OR CONDITION CAUSING IT. Body 0 the chief 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? hysi (7) (If in Baltimore City, give exact tocotion) 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, stroet, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF CAL to the hospital °Z DEATH (notify medical examiner) etc.) any nature; 6 MEDI obtained 21 D. TIME (Month) (Doy) (Teor) (Hour) 21 E. INJURT OCCURRED 21F. HOW DID INJURT OCCUR? 9 OF INJURT approved (except While At Not While (APPROX.) Work At Work pup 22. I castify that (1) (this hospital) attended the deceased fram ond that in (my) (out) opinion death accurred on the date pe that (1) (well last saw the deceased alive on of death) hospital and haur and train the causes stated above. (1) (No) (did) (did not) view the bady after death. the body was released must accident 23A. SIGNATURE 23B, DATE SIGNED Attending Stoff M.D. Med. 10 Phys. Director Phys. L approval 8 prior 23C. BHYSTCIAN'S 23D. ADDRESS certificate at An NAME (Type) M.D O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT OF CREMATORY deceased 24D. LOCATION (City, town, or county) REMOVAL (Specify) shows: was D. -10. 258. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

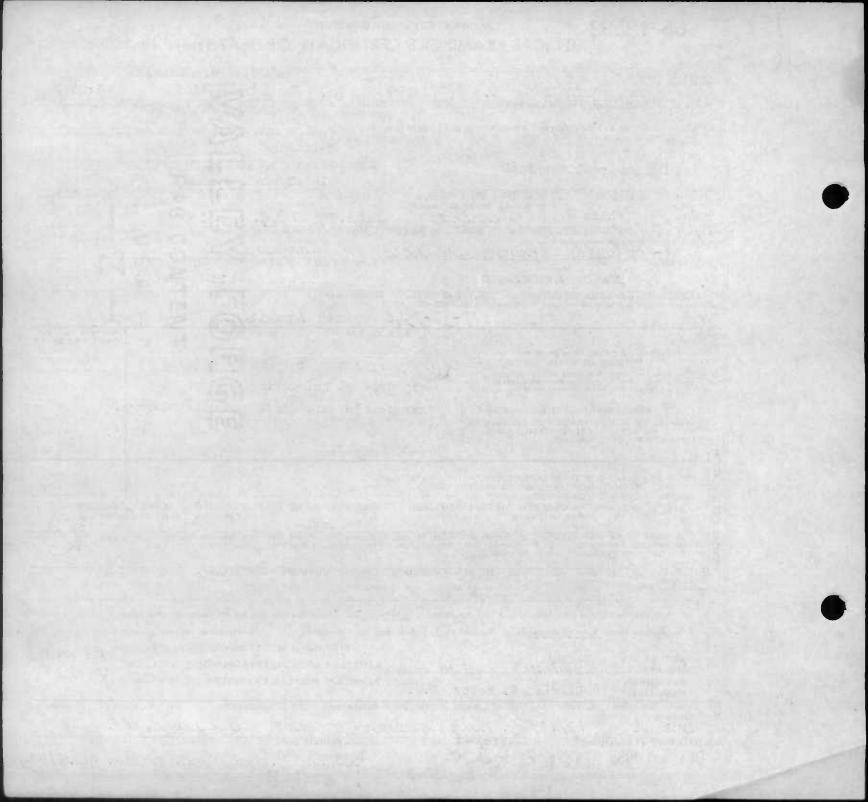
(Stole)

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE	CITY	HEALTH	DEPAR	MENT
DI VETTILONE	W11 1	1107 30111	D. P. 1. 4.17	

65 12592 BALTIMORE CITY HEA	LTH DEPARTMENT
	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
ANTHONY J. TAMBET	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE Money 1 and B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporete limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	Baltimore \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Wiley Managinal Hamital	D. STREET ADDRESS (If rurol, give location)
7 Union Memorial Hospital	3107 Tyndale Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
Male White Widowed, Divorced (specify)	Sept. 24, 1904. lost birthdoy Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) Produce Business	Maruland WHAT COUNTRY?
13. FATHER'SONAME	14. MOTHER'S MAIDEN NAME
Frank Tamberino	Anna DiLulla
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(17 - 32 - 7546) (17 yes, give wor or dotes of sorvice) SECURITY NO.	8 Angela Tamberino (Same)
	E OF DEATH INTERVAL BETWEEN
PISSASS ON CONDITION DIRECTLY	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Corons	ary Artery Thrombosis and
(this does not meen the mode of dying, e.g.,	cardial Infarction due to
B)	iosclerotic Cardiovascular Disease.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	in or obout 21C. WHERE DID (If in Boltimore City, give exect lecotion)
O UNDERLYING OR CONTRIB- home, form, foctory, street,	office bldg. INJURY OCCUR?
<u> </u>	21F. HOW DID INJURY OCCUR?
OF INJURY	WHILE
22.	VORK
I certify that I held on Inquiry Inspection A	atopsy X and that on this basis, death in my apinion
resulted from: Natural couses X Accident Suicide	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE Carles S of M.E	ASSISTANT MEDICAL EXAMINER X
EYAMINED'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Charles S. Petty, M.D.	A Comment of the Comm
REMOVAL (Specify)	2 1
Burial 12/11/65. Holy Redeen	mer Cemetery Baltimore, Md.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
DEC 10 1965 Robert E. Farly M.	Leonard J. Ruck Inc. Balto. Md. 21214
VS 151-REV. 1/1/65	1 2 0 3



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CERTIFICATION

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An accident of any nature;

the body was released

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BALTIMORE CITY HEALTH DEPARTMENT

RTIFICATE	OF	DEATH	Registered No.55	125
RTIFICATE	OF	DEATH	Registered No.	LE

BIRTH NO.	OF TOFOR	CERTIFICATE OF D
M.E. CASE NO.	65 12593	
Type or Print)	Charles W	1. Trauphber

2. DA	TE	AND	HOUR	OF_	DEATH	
			ber			965.

pe or Print)	(harles W. Iraughber	December 8, 1965. 6 3
PLACE OF DEATH	IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmiss A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)

Baltimore

0	Harford Ya	rdens Nursing Home	D. STREET ADDRESS	1 rurol, give location) 2 Waverly	Way
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. PATE OF BIRTH	9. AGE (In years fost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
done during most of	working life cares il retired)	n Smelting&Refini			12. CITIZEN OF WHAT COUNTRY?

Frank Traughber

14. MOTHER'S MAIDEN NAME Maria Bryson

	nown) (If yes, give wor or dotes of service	SECURITY NO.			7,00,110,00
No		285-01-2512 Mrs.	Georgia P.	Traughber	(Same)
18.	3/XI	CAUSE OF DEATH	0		INTERVAL BETWEEN

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g.,

hearl foilure, asthenia, etc. It means the disease, injury or complication which coused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the obove couse (A) stoting the UNDERLYING CONDITION last.

DUE TO

ADDRESS

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

R CONTRIBUTING CAUSE OF	218: PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, loctory, street, office bldg., etc.)

(If in Boltimore City, give exact location)

						-
21 D. TIME	(Month)	(Doy)	(Yeor)	(Hous)	21E, INJURY C	CCURRED
OF INJURY					While At	Not
(APPROX.)					Walle At	1401

21F. HOW DID INJURY OCCUR? Not While At Work

22. I certify that (I) (this hospital) attended the deceased fram	1960 to Ber 1965
that (1) (we) last saw the deceased alive an Rec 2 of 19	C 5 and that in(my) (aur) apinion death accurred an the date

and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death

	(/ / /			
23A. SIGNATURE				23B. DATE SIGNED
8-00	/1 /2 / M.	D. Attending Med. Director	Stolf Phy s.	12/10/1
1000	HUDEL	Phys. Director	Phy s.	14/0/6
On a British of the Control of the C	, -	10-8		

NAME (Type)

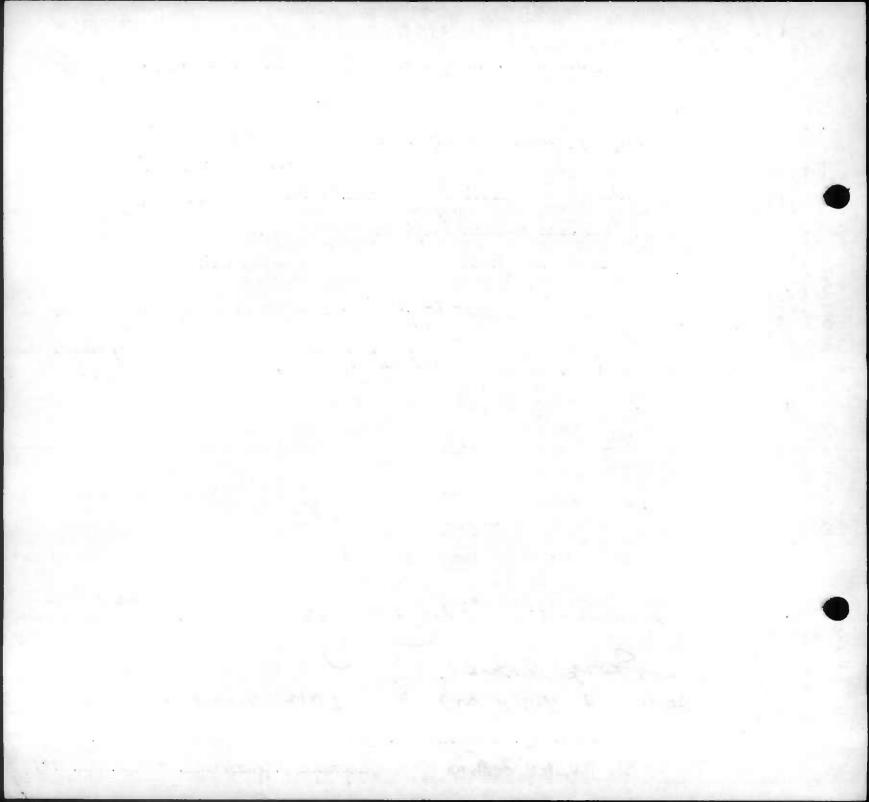
02612	1+	121=11	MI	M.D.	6	01		Hay	rue	100,	1 must	, and I
CREMATION,	24B. DATE	24C, NAMI	e of CEMETER	Y of CREMATORY			24D.	LOCATION		(City, I	own, or county) (Stote)
Lispechy	12/11	161 Man	1 - 1 1	1	_ 1	- 4- 4-			R-1	4:	MJ	7

Daltimore, ma. ADDRESS

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24A. BURIAL



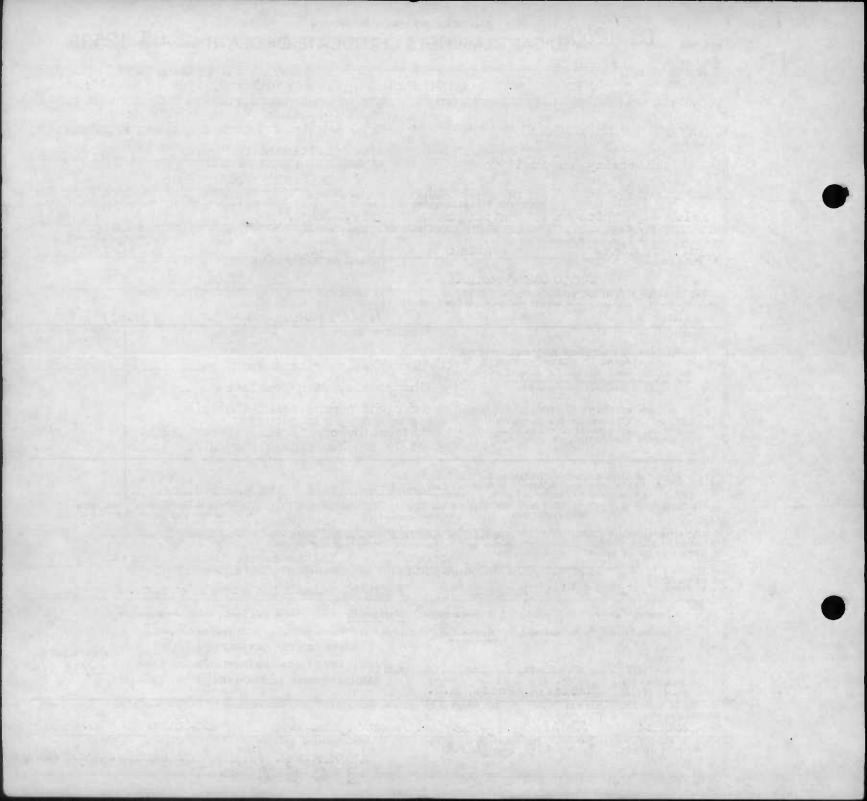
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v.s. 153 12-14-65 M.H.

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ASTAT	DALTIMORE CITT	EALTH DEPARTMENT				
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered No.	12595

	TH NO.	5 125MED	ICAL EX	AMINER'S CI	ERTIFICA	TE OF D	EATH Registe	66 No. 12	2595
1.	NAME OF DEC	JOHN	N.	KOUNELIS			er 9, 1965	ED DEAD	10:53 A
		MORE MARYLAND, W			A CTATE	ryland	eceosed lived. If insti B. COU	itution: residenc	e before odmission)
HO	LL NAME OF	ADDRESS OR LOC.	ATION)	TION, GIVE STREET		NN (If outside of	corporate limits, write	RURAL ond	give township)
	Uni	versity Hosp	oital			O4 Fleety	wood Avenue	2	Street Land
5. \$	Male	White	WIDO WED, I	NEVER MARRIED DIVORCED (specify)	3. DATE OF BIRT	тн), 1903	9. AGE (In years lost birthday)	If Under 1 Months Doy	Yr. If Under 24 Hrs. ys Hours Min.
don	apt. Wa	orking life, even if retired) uters	,	business or industry		reece	country)	12. CITIZEN	OF COUNTRY?
	FATHER'S NAM	Nicho.	las Kou		14. MOTHER'S A	AAIDEN NAME	Julia ?		
		D EVER IN U.S. ARMEI Ilf yes, give wor or dot		SECURITY NO.	Helen K	Kounelis		(Same)
LEADING TO DEATH (This does not meon the mode of dying e.g., heart foilure, ostherio, etc. It meons the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE IA) STATING THE UNDERLYING CONDITION LAST. (A) Hemorrhagic Softening of Brain and Bronchopneumonic Thrombosis, with complete occlusion of right common carotid artery DUE TO Thrombosis, with complete occlusion of right common carotid artery DUE TO Extreme hyperextension of neck, with fracture of box (c) of C4 and hemorrhage into atheroscleratic plaque.							eture of bod		
CERTIFICATION	TO THE DISEASE OR	II IIFICANT CONDITIONS DEATH BUT NOT RICCONDITION CAUSIN OPERATION 19B, COI WAS PEI	ELATED TO T G IT.	Atherosc.		Y? (Yes or No) 20	carotid art	NDINGS CON	
EDICA	21 A, EXTERNAL UNDERLYING DE LE	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, contract of the street)	office bldg., INJUR	RY OCCUR?	in Boltimore City, gi nd Calvert		0701
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes	5 P V	TE. INJURY OCCURRED WHILE AT NOT AT W		low old injur destrian	struck by	auto.	
	N. 10	ER'S Charles		Suicid	e Homic CHIEF A	AEDICAL EXA	MINER X	er 🗌	DATE SIGNED 12/9/65
RE/	BURIAL CREAMOYAL (Specify		11/- /	c. NAME of CEMETERY of Greek Ortho OR REGISTRAR	dox Ceme	- A	Balti	more,	Md.
145	DEC 10	1965 ()	ि हें, उत्त	Jan AM	Leona	rd J. Ru	ick Inc.	Balto.	Md. 21214



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	+	=	40	\$
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	-			-	-

65 405	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 65 125	GERTIFICA	TE OF DEATH	Registered No.	40500
M.E. CASE NO.	OEKTI TO		()(12335
(Type or Print) Mr. Getz, JOH	N BERNARD	2. DATE AN	5. 12.9	11.45 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (When		itutian: residence befare admission)
FULL NAME OF (If not in hospital ar in: HOSPITAL OR oddress or tocotion)	stitution, grve street	Baltina. C. CITY OR TOWN (II out		RAL and give township)
INSTITUTION	0 11 0	Baltimor		9-04
of The Union Memo	vial Hospital		rurol, give location)	t
100		2718 1	REESE ST	
	MARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	7-29-49	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B.		11. BIRTHPLACE (State or forei	gn country!	12. CITIZEN OF
done during most of working life, even if retired) Returned +	louse of Getz	Baltimore		America
13. FATHER'S NAME	0 5 0	14. MOTHERS MAIDEN NA		
JOHN C. Getz		(ecilia	powers	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of	SECURITY NO.	Mr. Frida (7-4-	/()
	(2/3-0)-//)	Mrs. Frieda G	jeiz	(Jame)
18. 5 7 8 XI				ONSET AND DEATH
DISEASE OR CONDITION DIRECT	P	exporation of injection	Lovels sm	d
(This does not meon the made at dying	ng, e.g., DUE TO	1. De tie	***************************************	
heart failure, asthenia, etc. It means the injury or complication which caused dea	disease,	in ferro	7 .	
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, it any, rise to the abave cause (A) stat				
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FIL	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	MED		IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY(e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact locohont
O 21D. TIME (Month) (Doy) (Year (He	our) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY (APPROX.)	While At Not Wh	ile 🗀		
(APPROX.)	Work Al Work		()	0
22. I certify that (I) (this hospital) att			19 63 to 12	19.65
that (1) (we) last sow the deceased of	ive on 12-9, at 1.45	4M 19 65 and the	at in (my) (aur) apini	an deoth accurred an the dat
and haur and from the causes stated a	bave. (t) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	10			23B. DATE SIGNED
Pyong ge	CUUZ M.D. At	lending Med. Director	Stoff Phys.	12-9 65
23C. PHYSICIAN'S		23D. ADDRESS	***************************************	/ - /
NAME (Type) PRYCOUNG IL	KWONON M.D.	7. 11.	on Men v	viel Hosb
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	1000	OCATION (City	, town, or county) (Stotel
REMOVAL (Specify)	11 1 0 1		0 1	4 . 1
Durial 12/13/65	Holy Redeeme	r (emetegy	Baltimore,	
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS Q_//
DEC 1 0 1965 (P. C. 1)	NONOWEN BY	Leonard .	ruck ync. L	Balto.Md. 21214
VS 150-REV. 1/1/65		1 6 9 7		

Such

	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 65 125	97 CERTIFICA	TE OF DEATH Registered N	85 5 12597
1.NAME OF DECEASED		2. DATE AND HOUR OF DEA	
(Type or Print) JOSEPH CRO	KAMO (Croco	umo) 12-9-65	112:25 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	f institution: residence before admission
FULL NAME OF (If not in haspital or institut	tian, give street	C. CITY OR TOWN (If autside city limits, wri	10-01
INSTITUTION			
7 MERCY HOSPITA	72	DALTIMORE D. STREET ADDRESS (If rural, give facation)	
		2440 MARYLANS	
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
M W MI	ARRISD	10-20-1895 70	Trons Days Trons (Mills
10A. USUAL OCCUPATION (Give kind of work 10B, KIN dane during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	th. Steel Co.	ITALY	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
RALPH CROKAMO		FRANCES GABRI	91
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (II yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	165-18-0415	Mrs. Elvira (rokamo	(Same)
18. 5 8 2.01	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		D4 :-	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	e.g., DUE TO	Teritorche	Komes
heart failure, asthenia, etc. It means the dise	ase,	1	
ANTECEDENT CAUSES	(B)	Arute Pancuatitie	Days
DISEASES OR CONDITIONS, if any, gi	DUE TO J	,	
rise to the above couse (A) stating			
UNDERLYING CONDITION Iasi.			
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE		
19A. DATE OF OPERATION 18B. CONDITION F WAS PERFORMED	- 4 77 .		RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID (If in Baltin	naie City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, larm, factory, street, of etc.)	fice bldg., INJURY OCCUR?	
Q 21D. TIME (Manth) (Day) (Year) (Haur)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While		
22	Wark Al Wark	12-3-65 19 to 1	2-9-1.5
that (I) (we) last saw the deceased alive	ed the deceased from	12806	2-9-65
		1291965 and that in (my) (aur) o	pinian death accurred on the dat
and haur and from the causes stated abav	e. (I) (We) (did) (did nat) v	iew the bady after death.	23B. DATE SIGNED
n a	M.D. Atte	nding Med. Staff	12-9-65
23C. PHYSICIAM'S	Phys	nding Med. Staff Staff Phys. 23D. ADDRESS	12-1-05
23C. PHYSICIANS NAME (Type) C. A. CENDAÑ	A M.D.	MERCY HOSPI	TAL
24A. BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY OF CRE		(City, tawn, ar caunty) (State)
Burial 12/11/65	Vem Cathedral	Cometery Rolling	pre. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 0 1965 A 0 0 0 0	2000	Cemetery Baltime 25C. FUNERAL DIRECTOR Leonord J. Ruck Inc.	Balto. Md. 21214
VS 150-REV. 1/1/65	Carried Tolland		

Persta Pomentita

2-3-65 To Contint the parties

12:25 an 179 65

Oftension, no.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		n-	10-00	BALTIMORE CITY	HEALTH DE	PARTMENT	1/	0-	0 - 0 -	
BIRT	H NO.	65	12598	CERTIFICA	TE OF	DEATH	Registered No	.65 1	2598	
A.E	AME OF DECE	FA SED					ND HOUR OF DEAT	ы		
Тур	o or Printl	ens Simon						n .		100
		TH IN BALTIMORE, MA	RYLAND		4. USUAL R	ESIDENCE (W)	7, 1965 here deceased lived. If	institution: re	12:50 esidence bolore oc	PM.
					A. STATE	B. COU	INTY	/	101	
	FULL NAME OF	F (If not in hospital address or location		give street	Penns	ylvania	l .	- /	-30	
21	NSTITUTION				Phi 17	Lipsburg	outside city limits, writ	e RURAL one	d give township)	
	USPHS Ho				D. STREET A		If rural, give location)			
		lyman Park Dr				yterian				
5. S		e Maryland		NEVER MARRIED	B. DATE OF E		9. AGE (In years	I If I lade	r 1 Yr If Undor	24 14.0
	Male	Cau	Marri	ed (specify)	Aug. 20	, 1888	lost birthdoy)	Months	Doys Hours	Min.
		PATION (Give kind of wor vorking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (Stote or fo	roign country)		ZEN OF AT COUNTRY?	
		Merchant I	Jarine		Norway					
	FATHER'S NAN		1000000			S MAIDEN N.	AME	UN	SA	
	Thomas (D	pahl) Simon	sen		Anna Da	h1				
		Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMA	NT			ADDRESS	The Late
	No			092-12-1931	Records	HEDUC	Hospital.	Dold-t-		1 1
	1B.	1 0 1		CAUSE O		, USFID	nospital,		Dre Mary	
	DISEAS	E OR CONDITION DI	RECTLY					100	ONSET AND DE	ATH
		LEADING TO DEATH		(A) C	irrhosi	s of the	e liver, mas	rked.	Years	
	(This does no	at mean the made of	dying, e.g.,	DUE TO	/ L L L 21-O-D	D		,		
		asthenia, etc. It means plication which caused								
	А	NTECEDENT CAUSES		(B)					*************************	
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO						
	rise la the	above cause (A)		(C)		******************	3 \$ \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	UNDERLYING	CONDITION last.								
ATION	TO THE DE	II FICANT CONDITIONS (EATH BUT NOT REL	ATED TO TH		Ascites	, splen	omegaly		Months	
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ERTIFIC	21	WAS PER		WHICH OFERATION		'es	10) 208. IF YES, WER	AUSES OF	DEATH?	
O	21 A. ACCIDEN OR CONTRIBU	TING CAUSE OF		PLACE OF INJURY (e.g., i	n or obout 21 C.	WHERE DID	(If in Boltim	ore City, give	e exoct locotion)	
CAL	DEATH (notify	modical examinar	etc.							
_	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F.	HOW DID IN	JURY OCCUR?			
٤	(APPROX.)		Wh	ilo At Not While						
	20 1	. W. (.)					/	-		
	4.0			he deceased fram NO		······································	19 6510 Dec.	,7		65
		lost sow the decease					that In ((our) o	pinion deot	th occurred on	the dote
	ond hour and	from the couses sta	ted above.	X(A)e) (qiq) YAYAYAYI ^	lew the body	ofter death	•			
	23A. SIGNATU	RE_	/_					23B. DAT	E SIGNED	
		nom	1/1	M.D. Atte	ending	Mod. Director	Staff Phys.	Dec.	7, 1965	
	23C. PHYSICIAN NAME (Ty	N'S	1		23D. ADDRESS					
	Thom	as J. Lau		M.D.		U.S.P.	H.S. Hospit	al		
4A	BURIAL CREA	AATION, 248. DATE	24C. N	AME of CEMETERY or CRE	MATORY			City, town, o	or county)	(Stote)
	REMOVAL (S	pecily)	(- A	1 11 2						,01016/
_	burial	12-10-	-65 Mac	hpelah (eme	tery	4	Inion Town	ship,	Penna.	
AC	DEC. 1	0"1965"(1) 0.	258. NAME	THE STATE OF THE S						14 /
	3=0	100	7. 1	3 7 1	Leon	pard y	Ruck Inc	Balt	imore, /	IId.
15	150-REV. 1/1/6	5								

Print graph

eath occurred in a hospital and or contributing cause of death (4) Undetermined cause; (5) Deceased prior made. regular deceased death disposition 2 SD M the IMPORTANT assistant death 00 final attendance duy pronounced OF or his o embalmed be approved by the chief medical examiner D FUNERAL DIRECTOR: regul ho are 4 <u>n</u> physician SDM burns; physician (2) Body the 0 the body was released to the hospital by where ° any nature; obtained 9 (except pup shows: (1) An accident of hospital death) must certificate must 0 0 prior at

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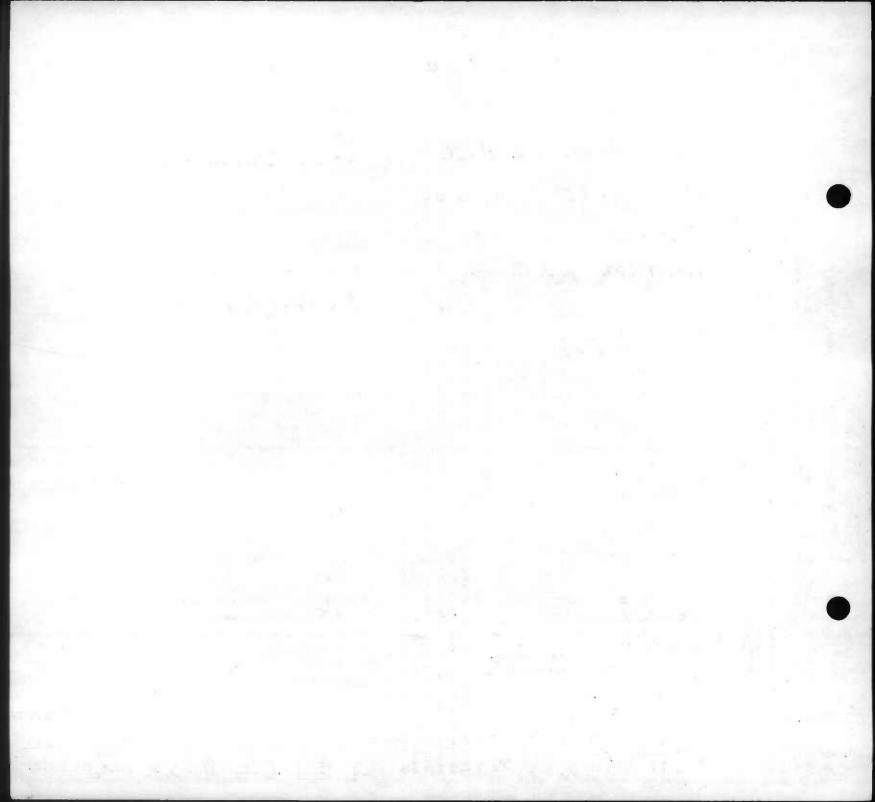
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hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered N.5 12599 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LIFTON PRESSER 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give tawnship) UNION MEMORIAL HOSP give location 9. AGE (In years lost birthday) If Under 1 Yr. Manths: Days If Under 24 Hrs. 5. SEX WIDOWED, DIVORCED (specify) Hours WHITE WIDOWED TOA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) TIRE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 HIV FITOIN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) Uf yes, give wor or dates of service) 6. SOCIAL SECURITY NO. UNK INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. before the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) DEATH (notify medical examines) etc. MEDIC (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX) Work At Work 22. I certify that to (this hospital) attended the deceased from 10 that (to (we) lost saw the deceased alive on. ond that in (our) opinion death occurred on the date ond hour ond from the couses stated obave. (#) (We) (did) (did) (did) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Phys. M.D. Phys. Director L approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore, Maryland arkwood (emetery

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR



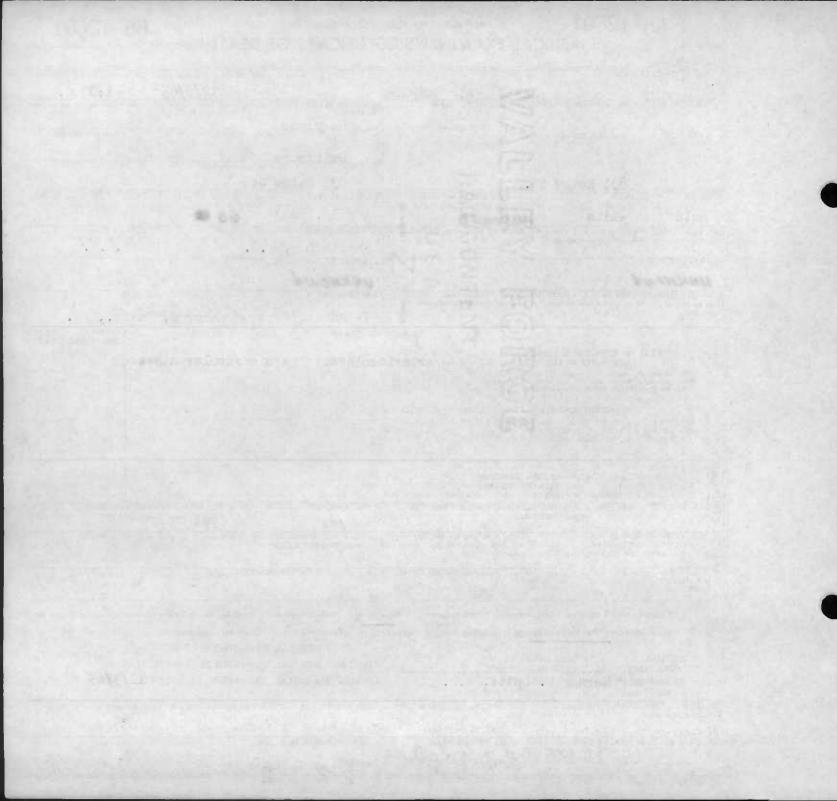
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

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	64 05 4	0000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 15 06 8	0 65 1	LOUI	CERTIFICA	TE OF DEATH	Registered Na.	5 12600
M.E. CASE NO.	SED			2. DATE AN	D HOUR OF DEATH	
(Type or Print) 3. PLACE OF DEATH	MARIANA	IE	SANTONI	4. USUAL RESIDENCE (Whe	9-65	8 - PM.
3. PLACE OF DEATH	I IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admission)
FULL NAME OF	(II nat in haspital	or instituti	an, give street	Mary /and	9	1-04
INSTITUTION	augress or racond	1117				JRAL and give tawnship)
11/	MERCY	Haci	DITAL	D. STREET ADDRESS (If	rural, give lacotian)	
1	1907-9	(105)	<i></i>	20 29 Hi	Wen wood	1 Rd.
1	White	WIDO	WED, DIVORCED (specily)	- 1 11 -	9. AGE (In years lost birthday) 9 MOS 1	Manths Days Hours Min.
tOA, USUAL OCCUPA			20 OF BUSINESS OR INDUSTRY	11. FIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY?
	plicable	1 110	1 applicable	Baltimore 14. MOTHER'S MAIDEN NA	, mary land	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
Peter	C.	Sar	ntoni	Patricii	+ Claric	
15. Was Deceased Ev (Yes, na or unknown) (If	er in U. S. Armed Fo yes, give war ar dat	rces? es al servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Not app	1. Cable			Patricia Cla	ark	
18. 03	3.20 4	34	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DI ADING TO DEATH		P ₂	sellom och chal Si	entina	48 Rrs.
	mean the made a thenia, etc. It mean		a.g., DUE, TO	reumococcai Se	Jis Com a	
	calian which cause		150,		,	
AN	TECEDENT CAUSE	S	DUE TO	nara arquinara e a coccos da el 2000 de 2000 d		
	CONDITIONS, if above cause (A)					1
	CONDITION last.		Baran managament	np nihânnann n na g t ip n iin nn nn gu ân n qu ân n qu t g goga nn ghâgg tri th		***************************************
I E TO THE DEA	ANT CONDITIONS THE BUT NOT REL	ATED TO	TING THE			
19A. DATE- OF O	PERATION 198. CO	-	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21 A. ACCIDENT	WAS UNDERLYING CAUSE OF		218. PLACE OF INJURY (e.g., i hame, larm, loctary, street, o etc.)	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare	City, give exact location)
D 21 D. TIME IA	Aanth) (Day) (Year)	(Haur)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY			While At Nat While Wark At Wark	e		
22. I certify th	at (I) (this hospita	l) attende	ed the deceased fram/	21,110	19 to 12-	- 9
that (I) (we) la	st saw the deceas	ed alive	on 17-9	19 65 and th	at in (my) (aur) apin	ian death accurred an the date
and have and fo	ram the causes sta	ited abave	e. (1) (We) (did) (did nat) v			
23A. SIGNATURE	, ,				/	23B. DATE SIGNED
Le Se	abelita 4	Cor		ending Med. Director	Phys.	18-9-65
NAME (Type				23D. ADDRESS		
IS	ABE LITA	9.	CORDOBA M.D.	MERCU HO	SpITAL Bal	to > Md.
24A. BURIAL CREMA REMOVAL (Spe	cify)	240	C. NAME of CEMETERY or CR		GCATION (City	, town, or county) (State)
Burial 25A. DATE REC'D BY	12/1	3/65	St Stanislar	es (emeterit B	altimore, /	Maryland
DEC 10	1965 R.C.	E 5	Jalling (O D	Leonard J.	Ruck Inc	Maryland 5305 Harford Rd.
VS 150-REV. 1/1/65						

VS 151-REV. 1/1/65

1	65 12601 BALTIMORE CITY HEA	00 15001						
VV 100	MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.						
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD						
	JAMES A. WEBSTE							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
A	O STATE OF THE STA	Baltimore D. STREET ADDRESS (If rurol, give locotion)						
	831 Eutaw St.	831 Eutaw St.						
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs lost birthdoy) Months Doys Hours Min.						
	male white WidowED	Aug 16, 1902 63						
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
		Washington, D.C. WHAT COUNTRY?						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	UNKNOWN	UNKNOWN						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
	Yes WW II	VA Administration Records, Balto., Md.						
	IB. CAUSI	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteri	osclerotic cardiovascular disease						
		OSCIETORIC CATALOVASCALAR ALBOAS						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECENDENT CAUSES							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE							
	UNDERLYING CONDITION LAST.							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	UNDERLYING OR CONTRIB-	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?						
	5	DIE HOW DO INTURY OCCUR?						
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE							
	m. WORK AT WORK							
	I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion							
	resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED							
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X							
	EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 12/3/65						
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)						
	BURIAL 12/10/65 BALTIMORE 1	NATIONAL BALTIMORE MARYLAND						
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS						
	DEC 10 1965 02 Per to E. January M.	I Pet & alteling Funeral Home Inc						



if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased his the chief medical examiner 4 Body the body was released to the hospital by 3

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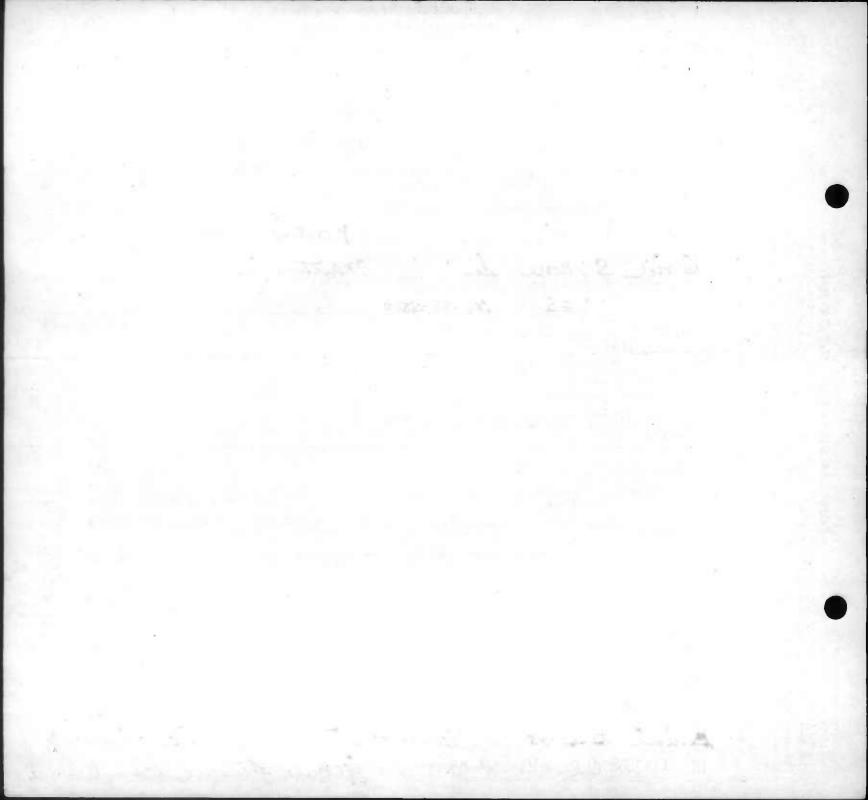
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BALTIMORE CITY HEALTH DEPARTMENT Registered No.5 65 12602 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased fived, II institution; residence before admission) A. STATE FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTTHORE D. STREET ADDRESS ELLE AV. made If Under 24 Hrs. 5. SEX 6. RACE WIDOWED, DIVORCED (specify) 9. AGE (In years If Under 1 Yr. Hours Months Doys ost birthdoy MALG 12-22-35 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or foreign country disposition done during most of working life, even if retired) 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL ADDRESS (Yes, no or unknown) (tl yes, give wor or dotes of service) final SECURITY NO. -3500 NOOR 25 INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease. injury or complication which caused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the remains UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Wark At Work 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an... and that In(my) (aur) apinion death accurred an the date and haur and fram the causes stated above. (I) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Med. Director approval 23C. HYSICIAN'S 23D. ADDRESS NAME (Type) OCEN DO UNI CERTITY SABUR DAYS w 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF REMOVAL (Specify) 25C. FUNERAL DIRECTOR



Mark.		N 0 57 57 57 57		BALTIMORE CITT	HEALTH DEPARTMENT		-
4 5	IRTH NO.	65 1260)3	CERTIFICA	TE OF DEATH	Registered No.	12603
1.	NAME OF DECE	ASED				AND HOUR OF DEATH	
	Type or Print)	OROTHY JUA	WITH Z	DUBOSE	12/	7/65	5:00 P
3.	. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	There deceased lived. If in DUNTY	stitution: residence before admissio
	FULL NAME OF		or institution, g	ive street	MARYLAND,	BALTIMORE	(11)
	HOSPITAL OR	address or location	n)		C. CITY OR TOWN		RURAL and give township)
(7	and the top	770 /		D. STREET ADDRESS	BURNIE (If rurol, give location)	52-00
ı	0 anive	ensity Hospi	INL.	A company of the second			OAD
5.	. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
	F	NEGRO		DIVORCED (specify)	4-1-27	lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
		IPATION (Give kind of work			11. BIRTHPLA CE (Stote or	38 loreign country)	12. CITIZEN OF
d	The second	vorking lile, even if retired)		Planting	MARYLANZ	9	WHAT COUNTRY? WAITED STATES
1:	3. FATHER'S NAM	EWIFE.			14. MOTHER'S MAIDEN		UNITED SITTLES
		I C. HOWA	20 20		CAMPSIE	PRICE	
1.				1 6, SOCIAL	17. INFORMANT	1,7,7,7,2	ADDRESS
(1		(If yes, give wor or dote	es of service)	SECURITY NO.			
-	NO		100	CAUSEA	PATIENT		INITEDVAL BETWEEN
	18.4 20	E OR CONDITION DIE	DEC 21 V	CAUSE	LOTAIH		ONSET AND DEATH
		LEADING TO DEATH	KECILY	H13	RYTHUN,	14	
		of mean the made of		DUETO			
		aslhenia, etc. II means plicalian which caused		400	20.100.00.	1+01	32
	A	ANTECEDENT CAUSES		(B) //)()	EKLASEE168	110 11-17	RI YEARS
	DISEASES O	R CONDITIONS, IF	any, giving	502.10	1)1025/5/		
)/ (3///		
		abave cause (A) CONDITION last.	slaling the	(C)), (3, , , , , , , , , , , , , , , , , ,	0-0000000000000000000000000000000000000	
	UNDERLYING		stating the	(C))/(3//		
	UNDERLYING	CONDITION last.	CONTRIBUTING				
	OTHER SIGNIE TO THE DE DISEASE OR (CONDITION last, II FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I	CONTRIBUTING ATED TO THE				
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OTHER SIGNIFTO THE DE DISEASE OR OF 19A. DATE OF 19A. DAT	CONDITION last. II FICANT CONDITIONS CA EATH BUT NOT RELA CONDITION CAUSING I OPERATION 1798. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medical examings (Month) (Day) (Year) that (1) (this hospital form the equses state from the equses state The condition of the equse state The condition of the equipment	CONTRIBUTING ATED TO THE IDITION FOR W FORMED 218. (Hour) 21E. Whit Worl i) attended the ed alive an	VHICH OPERATION PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED Not While All Work We deceased from 12/2/2. (We) (did) (did not) v Phy.D. Atte	20A. UTOPSIZ (Yes of 2) n or obout 21 Z. WHERE DIE (fice bidg., INJURY OCCUR 21F. HOW DID 22F. HOW DID 21F. HOW DID 22F. HOW DID 23D. ADDRESS UWIVE 20A. UTOPSIZ (Yes of 2) 21F. HOW DID 21F. HOW DID 22F. HOW DID 2	No) 208. IF YES, WERE IN CERTIFYING CA Of the in Boltimore INJURY OCCUR? Ithat in (my) (aur) api th. Stoff Phys. D. LOCATION (Ci	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) 12/7 19 65 nion death accurred an the de 12/7/65 17/65
1-010-0-0-1	OTHER SIGNIFTO THE DE DISEASE OR OF 19A. DATE OF 19A. DAT	CONDITION last. II FICANT CONDITIONS CA EATH BUT NOT RELA CONDITION CAUSING I OPERATION 179B. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medical examines) (Month) (Doy) (Year) that W (this hospital last say the decease from the causes stat PE MATION, 24B. DATE pecify)	CONTRIBUTING ATED TO THE IT. IDITION FOR W FORMED 218. home etc.) (Hour) 21 E. Whit Worl i) attended the et above. (Market above.) 24 C. NA	VHICH OPERATION PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED Not While AT WORK We (did) (did not) v (We) (did) (did not) v Attemption of CEMETERY of CRE	20A. AUTOPSIC Yes of The property of the bldg. INJURY OCCUR 21F. HOW DID 21F. HOW DID 21F. HOW DID 21F. HOW DID 22J. 7 23D. ADDRESS UW IV 2 24E	No) 208. IF YES, WERE IN CERTIFYING CA Of the in Boltimore INJURY OCCUR? Ithat in (my) (aur) api th. Stoff Phys. D. LOCATION (Ci	FINDINGS CONSIDERED USES OF DEATH? e City, give exact locotion) 2/7 19 65 nion death accurred an the do 22B. DATE SIGNED 12/7/65 11y, town, or county) 15 19 65



65 12604 BALTIMORE CITY HEALTH DEPARTMENT 55 12604 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 12-5-65 BARBARA ANN WEILAND 4:55 P. M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore 21224 CHURCH HOME & HOSPITAL - DOA D. STREET ADDRESS (If rurol, give location) 645 S. Decker Avenue 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE Months, Doys, Hours, WIDOWED, DIVORCED (specify) Widowed Female White WLOWED 7 - 20 - 1007

10A USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF U.S.A. done during most of working life, even if retired) Baltimore, Maryland Retired House Work 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME yeorge Young Susan Klein 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL 7. INFORMANT 912 Dorking Road SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) 213-10-807 Weiland Same No George INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary thrombo-embolus (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES Phlebothrombosis, left leg DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO 11 CAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTI 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? $\overline{0}$,Yes Yes 218, PLACE OF INJURY (e.g., in or obout) 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? V 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 品 21E. INJURY OCCURRED 21 D TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Hour) OF INJURY m. WHILE AT NOT WHILE (APPROX.) Autopsy X Inspection and that on this bosis, death in my opinion I certify that I held on Inquiry resulted fram: Natural causes X Homicide Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S 12-6-65 CHARLES S. PETTY NAME (Type)

23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY

23D. LOCATION (City, town, or county)

REMOVAL (Specify)

(State)

Burial 24A. DATE REC'D BY HEALTH DEPT.

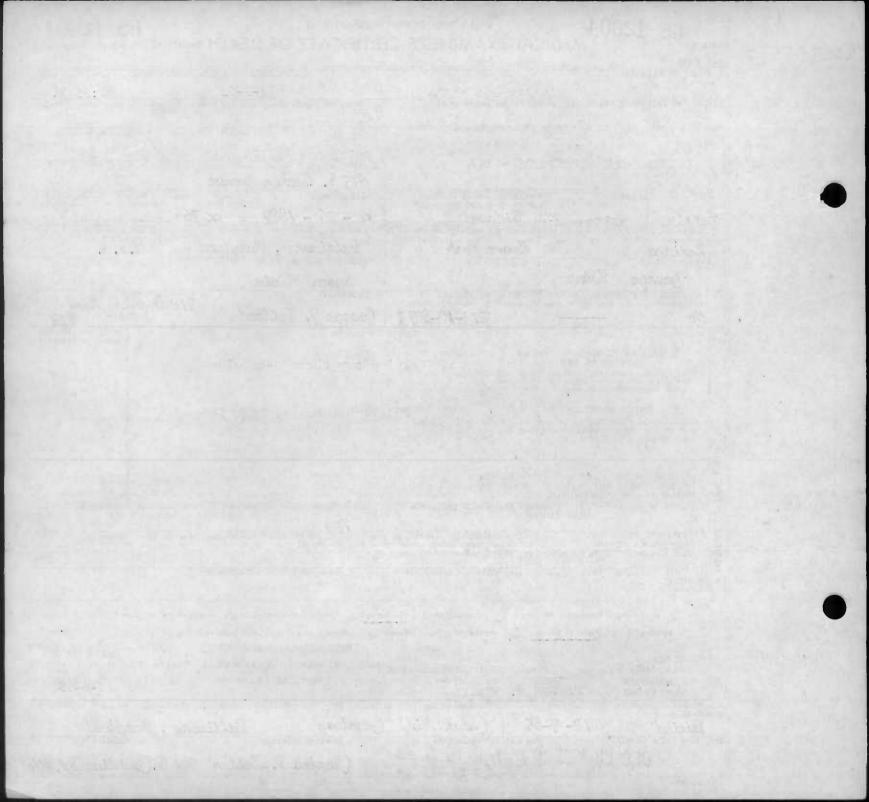
edar Hill 24B, NAME OF REGISTRAR

emeteru 24C. FUNERAL DIRECTOR

Baltimore, Maryland

harles S. Zeiler 901 S. Conkling St. #2

VS 151-REV. 1/1/65



BALTIMOR	E CITY HEALTH DEPARTMENT
MRTH NO. D M.E. CASE NO. 65 12605 CERTIF	ICATE OF DEATH Registered No. 65 12605
1. NAME OF DECEASED (Type or Print) LENTZ, FRANCIS M.	12-11-65 12:15A M.
3, PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give ownship) BALTIMORE ZONE 29
ST. AGNES HOSPITAL	D. STREET ADDRESS (If rural, give location) 4807 LINDSAY ROAD
5. SEX MARRIED, NEVER MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED	B. DATE OF BIRTH 4-16-93 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tion. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INC done during most of working life, even if refired) Baltimore City	MADVI AND WHAT COUNTRY?
13. FATHERS NAME LENTZ	14. MOTHER'S MAIDEN NAME MARY CULLEN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO 219 20 846	SI AGNES RECURDS-CATUN & WILKENS AVES
	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT R	TO GI Selectrics
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY	NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, farm, foctory, st	Y (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) treet, office bldg., INJURY OCCUR?
	ED 21 F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive anDECEMBE and haur and from the causes stated above. (I) (We) (did) (did 23A. SIGNATURE	R 11 19 65 and that In(my) (aur) apinian deoth occurred an the date nat) view the bady after death.
23C.PHYSICIAN'S NAME (Type) MIGUEL HEREDIA 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY	ADDRESS ST. AGNES HOSP. M.D. CATON & WILKENS AVES. BALTO., MD. #29 or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 12/14/65 Woodlawn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Balto. 7, Md. 25C. FUNERAL DIRECTOR Witzke F.D. 4101 Edmondson Ave.
VS 150-REV. 1/1/65	TOTAL DEMONITOR AVG

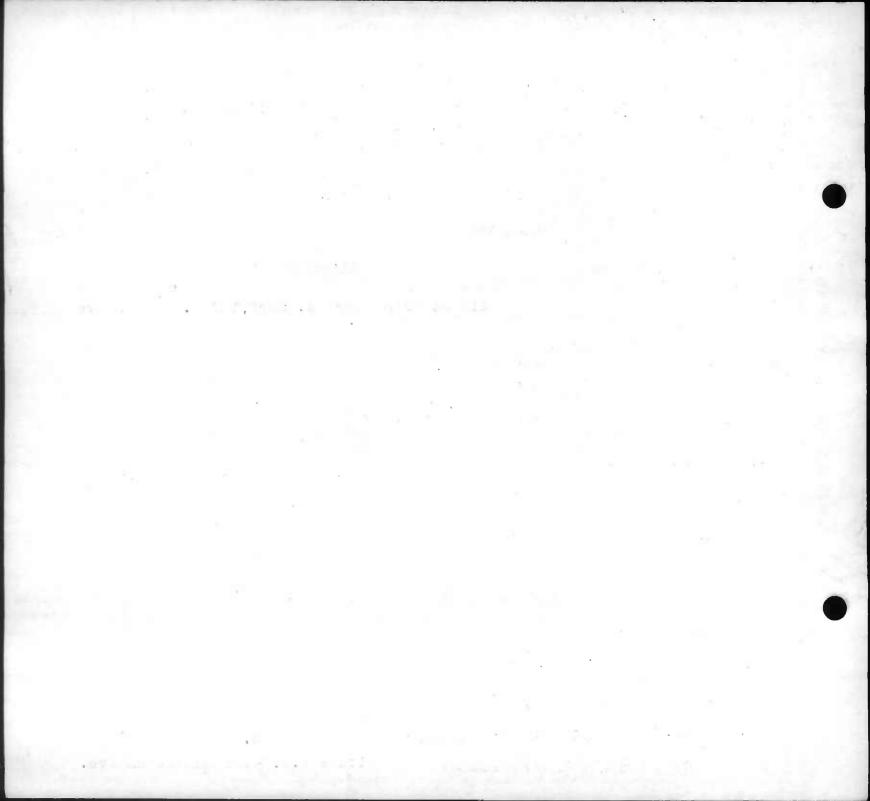
AND IN COLUMN THE RESERVE OF THE PARTY OF TH

	7		HEALTH DEPARTMENT			
	H NO. 65 12	2606 CERTIFICA	TE OF DEATH	Registered No.	5 12606	
1, N	AME PROPECTASED	CHARLES Spel	ncer 2. DATE A	DEC 65	- 1/0/20 Am	
3. F	LACE OF DEATH IN BALTIMORE MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)			
	ULL NAME OF (If not in hospital a	or institution, give street	5007 OVERTON RD			
	OSPITAL OR oddress or location		C. CITY OR TOWN (If ausside city limits, write RURAL and give township)			
	U.S.Public F	Health Hosp.	D. STREET ADDRESS	f rural, give location)	110 21221	
			5007 Overton St			
5. s	6. RACE White	7. MARRIED, NEVER MARRIED MOONED DIVORCED (specify)	Dec. 20/95	9. AGE (In years last birthdoy) 69	If Under 1 Yr. II Under 24 Hrs. Months: Doys Haurs Min.	
	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	TOB, KIND OF BUSINESS OR INDUSTRY	Md.	reign country)	12. CITIZEN OF	
	ATHER'S NAME		14. MOTHER'S MAIDEN NAME			
14	ate Harry C. Phip	ps	late Estella L.			
5. Yes	Vas Deceased Ever in U. S. Armed For ,no or unknown) (If yes, give wor ar date	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
			Mrs. Selma P	hipps,5007	Overton St	
	18. 15 1 X 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A two					formed with	
	(This does not meon the mode of dying, e.g., DUE TO					
	heart failure, astheria, etc. II means the disease, injury or complication which coused death.) metistrates to fair of family and family					
	ANTECEDENT CAUSES	(B)			21/201-1	
	DISEASES OR CONDITIONS, IF	ony, giving and Ben of	ners Pa	sito (un	100 Month	
	rise to the obove couse (A) UNDERLYING CONDITION lost.			<)		
ATION	OTHER SIGNIFICANT CONDITIONS C	id arthrit		ellara		
	19A. DATE OF OPERATION 19B. CON	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED				
ERTIFIC	WAS PERF		IN CERTIFYING CA	USES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?				e City, give exact lacotion)		
EDI	21 D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
\$	(APPROX.)	While At Not While Wark At Work	e			
	22. I certify that (I) (this hospital) attended the deceased fram		19to	19	
	that (I) (we) last saw the deceased alive on					
	and hour and from the couses stated obose. (1) (We) (did) (did not) view the body after death.					
	23A. SIGNATURE			23B, DATE SIGNED		
	10 Ome	Che /) M.D. Att	ending Med. Director	Stafl Phys.		
	23C. PHYSICIAN'S NAME (Type THON)	S LAU M.D.	23D. ADDRESS			
24A	BURIAL CREMATION, 24B. DATE	24C, NAME OF CEMBERY OF CR	EMATORY 24D.	LOCATION (C	ily, lawn, ar county) (State)	
	burial 12/14/	65 Baltimore Nat	tional Ba		íd.	
25 A	DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C FUNERAL DIRECTO	R 4101 Edn	nondsonADRES	
	DEC 13 1309 05 0	E Carried ()	1 2 1 7	7		
V5	150-REV. 1/1/65					

attention of the state of the s

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

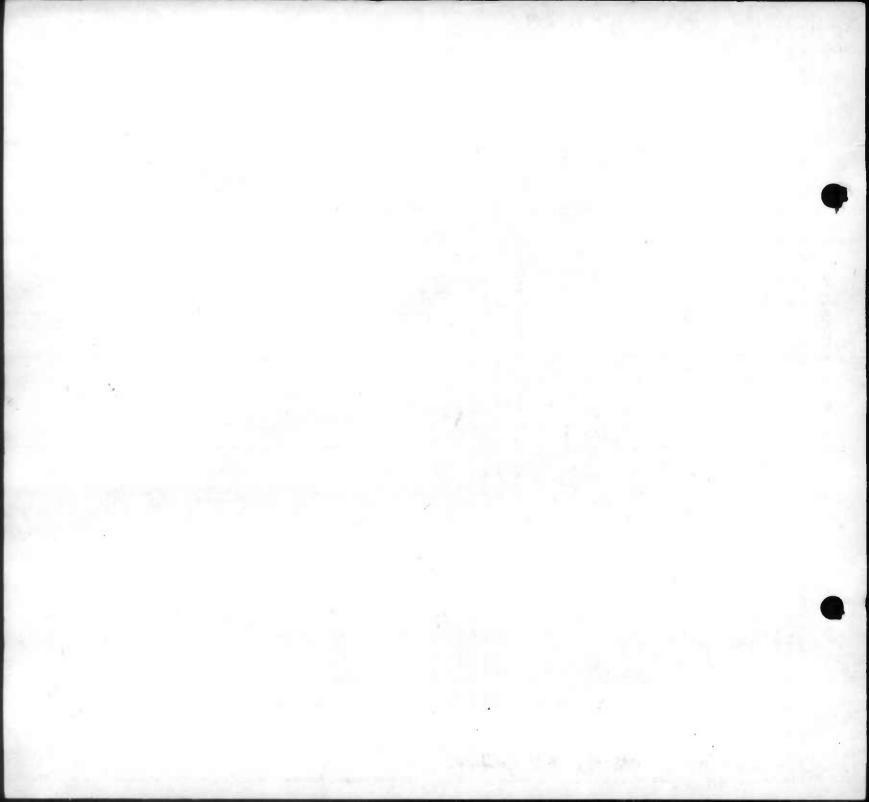
	BALTIMORE CITY	HEALTH DEPARTMENT	65 4000m		
BIRTH NO. 8 65 1260	CERTIFICA	TE OF DEATH Registered	n ₀ 65 12607		
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) MARGAR	ET HOPF	2. DATE AND HOUR OF DE	ATH 65 1 11 15 A M		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			If institution: residence before admission)		
FULL NAME OF (If not in hospital or institution oddress or location)	tion, give street	MD. BALTIM	10RE 1900		
BIOHNS HOPKINS	HASPITAI	BALTIMORE	A		
STONING HOLKING	1103177712	D. STREET ADDRESS (If rurol, give locotion 127 5. FULL	1 -		
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 7-23-03 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?		
HOUSEWIFE Own	Home	GERMANY	U.S.A		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Jacob Nicklass		Elizabeth Wedel			
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown (If yes, give wor or dotes of sen	1 6. SOCIAL SECURITY NO.	17. INFORMANT .	ADDRESS		
res, no or bliking with the yes, give wor or doles or serv	216 36 7975	Carl C. Hopf, 127 S.	Fulton Are		
18. 2 / O V	CAUSE O	F DEATH	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		? ACUTE MYOCARD	ONSET AND DEATH		
(This does not mean the made of dying,		INFARCI	700		
heart failure, asthenia, etc. It means the disease,					
ANTECEDENT CAUSES	(B) GLA	JERALIZED ARTERIOSCLERO	5575		
DISEASES OR CONDITIONS, if ony, g		ABETES MELLITUS			
rise Ia The obave cause (A) stating UNDERLYING CONDITION last.	(C)	1126143 11455			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING THE CERER DA	L ATROPHY - LINENCE	oun ? 2 MOS		
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, W	VERE FINDINGS CONSIDERED		
WAS PERFORMED YES WHICH OPERATION YES WERE PINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n ar obout 21 C. WHERE DID (If in Bol ffice bldg., INJURY OCCUR?	ltimore City, give exact location)		
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
(APPROX)	While At Work At Work				
22. I certify that (i) (this haspital) attended the deceased from NOV, 22 1965 to DEC. 10 1965					
that (i) (we) lost sow the deceased alive on DEC 10 19 65 and that in (my) (our) opinion death occurred on the date					
and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.					
23A. SIGNATURE TO A			23B. DATE SIGNED		
M.a. Den	M.D. Att	ending Med. Stoff Phys.	12/10/65.		
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS					
	Dennis M.D.	The Johns Hopkins	Hospital		
REMOVAL (Specify)	C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, or county) (State)		
burial (Specify) 12/13/65	Loudon Park	Balto. Md			
	TELLUL MA	Witzke F.D. 4101 Edn	nondson Ave.		
VS 150 BEV 1/1/45		The state of the s			



BRITH NO M.E. CA TINAME (Type or 3. PLAC FULL HOSTIT (Type or 3.	23A. 23A. 23C. 24A. BUI REA DU 25A. DA VS 150-F
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be
FUNERAL DIRECTOR: IMPORTANT	

	11		HEALTH DEPARTMENT		65 12608		
BIRTI	1 No. 4 65 12	608 CERTIFICA	TE OF DEATH	Registered Na			
	CASE NO.						
	AME OF DECEASED			ID HOUR OF DEATH			
	DISE, EWELL EMP			per 10, 1965	11:50 P _M .		
	LACE OF DEATH IN BALTIMORE, MARYLAI		A. STATE B. COUN	te deceased lived. If in	stitution: residence befare admission)		
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location) / INSTITUTION			C. CITY OR TOWN (II outside city limits, write RURAL and give township)				
	eterans Administration 900 Loch Raven Blvd.	Mospital	D. STREET ADDRESS (If rurol, give locotion)				
	altimore, Maryland 212	18	2636 Lauretta Avenue				
5, \$1	6. RACE 7. M	ARRIED, NEVER MARRIED (IDOWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 10 B.	larried	9-12-96 11. BIRTHPLACE (State or fore)	69	12. CITIZEN OF		
	during most of working life, even if retired)	rms Detective Agcy			WHAT COUNTRY? U. S. A.		
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME				
J	ohn T. Dise		Betty Spence				
15, V	vos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of	1 6, SOCIAL SECURITY NO.	17. INFORMANT Record	is	ADDRESS		
	1/20/20 ma 0/20		V. A. Hospital		Md. 21218		
	18. 420 01 4-26	CAUSE O		severe	INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	riosclerotic hea	rt disease	Many years			
	(This does not mean the mode of dyin heart failure, asthenia, etc. 11 means the injury or complication which caused deat	_					
	ANTECEDENT CAUSES Malignant nephrosclerosis				2 years		
	DISEASES OR CONDITIONS, if any,						
	rise Ia lhe obove couse (A) sloti UNDERLYING CONDITION last.						
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	etes mellitus		25 years			
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	Yes Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exact location)		
	21D. TIME (Month) (Doy) (Year) (Ho	ur) 21E. INJURY OCCURRED	21 F. HOW DID INJ				
5	OF INJURY (APPROX.)	While At Not While Work At Work					
	22. I certify that (t) (this haspital) attended the deceased from November 2 19 65 to December 10, 19 65						
	that (X) (we) last saw the deceosed clive on December 10, 19.65 and that in (my) (our) opinion death occurred on the date						
	and hour ond from the causes stoted o	bove. (Å) (We) (did) (di∛L/mět) v	riew the body after death.				
1	23A. SIGNATURE Med. Director Phys. Attending Med. Director Phys. Phys.				23B, DATE SIGNED		
	Dallin &	12-11-65					
	23C. PHYSICIAN'S NAME (Type) Anna R. Berky Anna R. Berky M.D. V. Al Hospital, Baltimore, Maryland 21218						
244	Anna R. Ber	24C. NAME OF CEMETERY OF CRE			ty, town, or county) (Stote)		
	REMOVAL (Specify)				iy, iowii, or county) (5101e)		
1	Durial 12/14/65 DATE REC'D BY HEALTH DEPT. 25B.	Balto. Nation	25C. FUNERAL DIRECTOR	0. Md.	ADDRESS		
237	DEC 13 1965 P.P. A 8	Fallen O D	Witzke F.D.		ondson Ave		
VS 1	50-REV. 1/1/65	,					

		05 490	200	BALTIMORE CIT	HEALTH DEPARTMENT	1 6	5 12600
	H NO.	65 126	503	CERTIFICA	TE OF DEATH	Registered No.	5 12609
1. N	AME OF DECEASE	31.0	/ 1/1	1 130. +	2. DATE AN	D HOUR OF DEATH	268
3. P	LACE OF DEATH	IN BALTIMORE, M	MARYLAND	1. Icuns	4. USUAL RESIDENCE (When		titutian: residence befare admission)
F	FULL NAME OF HOSPITAL OR NSTITUTION	(If nat in haspit address ar local		ian, give street	Md.		URAL and give tewnship)
1/	001	0	11/	120		ere	53-00
	STU	Rafues	1 Hr	oefital	2212 Ha	mmonds	Rerry Kd
5. 5	Male 6. R	A CE		NED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH CUSS VI. 1894	9. AGE (In years last birthday)	Manths Doys Haurs Min.
	USUAL OCCUPAT			To the second se	11 BIRTHPLACE (State ar fare	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
Journ	e guring masi di waiki	ng me, even m temec	"		Balto	Md	USA.
13.	FATHER'S NAME	11	2 /		14. MOTHER'S MAIDEN NA	ME	
	Leur	4 12h	ent		Ank	news.	
15. Yes	Wes Deceased Eve	in U. S. Armed l	Feices? ates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	* 4	ADDRESS
	Wo-				nan	ruly	Damel.
	18.420.	/ 1		CAUSE	OF DEATH	/	INTERVAL BETWEEN ONSET AND DEATH
		R'CONDITION I		OK.	mary how	ne/200	Luckem
	(This does not r				112/10	THE STATE	
	injuly at complic			The	portunia 1	redin	91001-
		ECEDENT CAUS		DUE TO	2 00		J. J. Herri
	DISEASES OR or rise to the or UNDERLYING CO	bove cause (A			sallu Sezi		
ATION	OTHER SIGNIFICA TO THE DEAT DISEASE OR CON		ELATED TO				
ERTIFIC,	19A. DATE OF OP		ONDITION F ERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes ar No	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
0	21A. ACCIDENT VOR CONTRIBUTING DEATH (natify med	G CAUSE OF		21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar about 21 C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
MEDIC	21 D. TIME (M.	anth) (Day) (Ye	ar) (Haur)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)			While At Not Whi Work At Work			
	22. I certify tha	t (1) (this hospi	tol) ottend	ed the deceosed from	130	10 10	10 1965
	that (I) (we) las	t saw the decea	sed alive	on 12/4	1965 and th	at in (my) (our) opin	ion deoth occurred on the date
	and hour and fre	m the couses s	tated obov	e. (1) (We) (did) (did not)	view the body after deoth.	my assoc	
	23A. SIGNATURE	x week	uen	M.D. At	lending Med.	Staff Phys.	23B DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	0		M.D.	23D. ADDRESS 3 7 5	redeenell	alexan
244	A. BURIAL CREMAT	liot W Jo		MD. C. NAME of CEMETERY of CI	EMATORY 24D. I	OCATION (Cit	y, tawn, ar caunty) (State)
	Durial Spece		1657	Mondourrio DE ON REGISTRAR	Le Era E	lkridge	Of ADDRESS 25
V/E	150-REV. 1/1/65	no all him	DE	2. (1)	YAC Trilly	1 23/1	alapsow une
* 4	1/1/03				1		

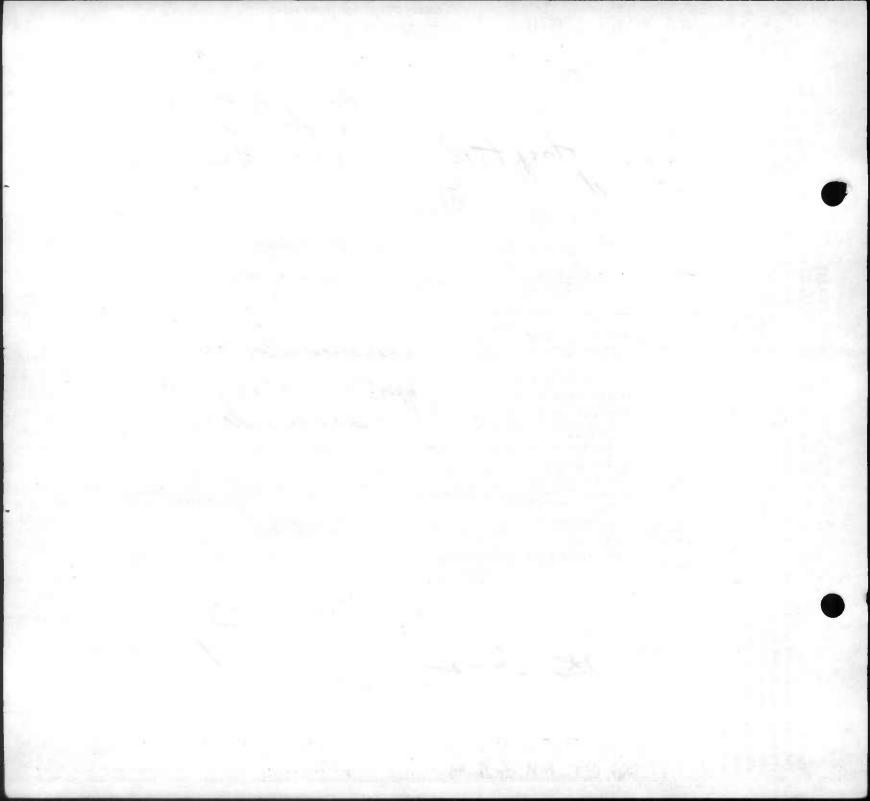


IMPORTANT FUNERAL DIRECTOR:

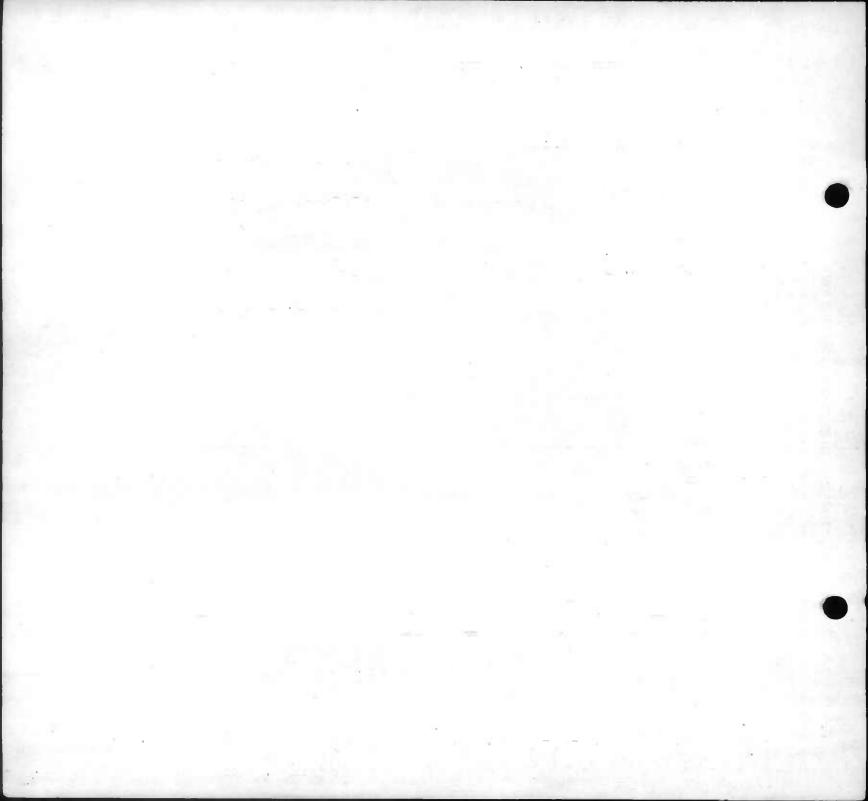
must

certificate

BALTIMORE CITY HEALTH DEPARTMENT 65 12610 Registered No.5 12610 BIRTH NO. CERTIFICATE OF DEATH pital and of death Such Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH Maro (Type or Print) LO hospital death. 4. USUAL RESIDENCE (Where deceased 3. PLACE OF DEATH IN BALTIMORE. lived, if institution; residence before admission) attendance A. STATE B. COUNTY (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or lacation) C. CITY OR TOWN autside city limits, write RURAL and cause; 0 8 occurred in prior contributing D. STREET ADDRESS (If rurol, give location) Zure (4) Undetermined regular mad If Under 24 Hrs. 5. SEX 6. RACE 7/MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days eceased Hours WIDQWED, DIVORCED (specify) last birthday) widowed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition death WHAT COUNTRY? 5 done during most of working life, even if retired) ŏ Tousewi Marulana Mas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct assistant death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS 6. SOCIAL final SECURITY NO. pring attendance Wickham ameron any CAUSE OF DEATH 10 INTERVAL BETWEEN ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., examiner regular heart failure, asthenia, etc. It means the discose, injury or camplication which coused death,} ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stoting the physician UNDERLYING CONDITION last. obtained before the remains medical medical burns: WOS II CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body the chief 198. CONDITION FOR WHICH OPERATION 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where to the hospital °Z MEDICAL DEATH (notify medical examiner) etc. nature; 21 D. TIME (Manth) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except Not While While At (APPROX) and Work At Work any 22. I certify that (1) (this haspital) attended the deceased from 19 65 ta 19 6 pe 19 that (1) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred on the date of hospital death) and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff 9 Phys. Director written approval Phys. 0 23 C. PHYSICIAN'S 23D. ADDRESS prior Was at NAME (Type) An M.D D.O.A. deceased 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) the body REMOVAL (Specify) shows: TOLU Kedeemer emetery Was 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



17. 1 1 (.7)	BALTIMORE CI		n	10011
BIRTH NO. 65 12611	CERTIFIC	ATE OF DEATH	Registered No.	55 12611
1. NAME OF DECEASED	-		D HOUR OF DEATH	2.
MARKE TIME C.	Frey		17/11/65	130
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE 8. COUNT		stitution: residence before or
FULL NAME OF (If not in hospital ar instit	ution, give street	Md.		21-07
HOSPITAL OR oddress or location) INSTITUTION			side city limits, write F	(URAL and give township)
D. Could Come la rapina		Baltimore		
Gould Convalesarium	D. STREET ADDRESS (If rurol, give location)			
	RRIED, NEVER MARRIED		wood Road	
/ / / / WIT		ost birthdoy)	Months Days Hours	
0	<i>single</i>	1-9-1884	81	
10A. USUAL OCCUPATION (Give kind of work 108, Kt) done during most of working life, even if retired)	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
at Home		Maryland		USA
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	A E	
Louis H. Frey		Elizabeth L	eschinger.	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of se	security No.	(7 7.		
no	641165	Louis J. In	ey	Same INTERVAL BETW
18. 4 20.01				ONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	1 1 1	7/	1.1.
(This does not mean the made al dying,	e.g., DUE TO	reports with	uaint) race
heart foilure, asthenia, etc. It means the di- injury or complication which coused death.	seose,	ntireordiratic	buent	
				111 11 11
ANTECEDENT CAUSES	(8)	disiare	ing approximation by the state of the state	10 year
		refronzenles ac nteriorderation design	***************************************	10 year
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoting	giving	disian		10 year
DISEASES OR CONDITIONS, if ony,	giving			10 year
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoting UNDERLYING CONDITION lost.	giving) the (C)			10 year
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoting UNDERLYING CONDITION lost.	giving the (C)			10 year
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving the (C) BUTING THE FOR WHICH OPERATION			
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving the (C) BUTING THE FOR WHICH OPERATION			
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoting UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION WAS PERFORMED TO THE DEATH NOT THE DEATH NOT THE DISEASE OR CONDITION WAS PERFORMED TO THE DISEASE OR CONDITIONS TO THE DISEASE OR CONDIT	giving the (C) BUTING O THE FOR WHICH OPERATION D 218. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE IN CERTIFYING CA	
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoting UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRITOR TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN	giving the (C) BUTING O THE FOR WHICH OPERATION D 218. PLACE OF INJURY (e.g.	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour	giving the (C) BUTING THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoting UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour OF INJURY)	giving the (C) BUTING THE FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g. thome, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At Not W	20A. AUTOPSY? (Yes or No.) in or obout office bldg., NJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	giving the (C) BUTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g. to the content of	20A. AUTOPSY? (Yes or No.) in or obout office bldg., NJURY OCCUR? 21F. HOW DID INJURY	208. IF YES, WERE IN CERTIFYING CAT	FINDINGS CONSIDERED USES OF DEATH?
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DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	giving the (C) BUTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Work At Work At Work	20 A. AUTOPSY? (Yes or No.) III, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY	208. IF YES, WERE IN CERTIFYING CA! (If in Boltimore) JRY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)
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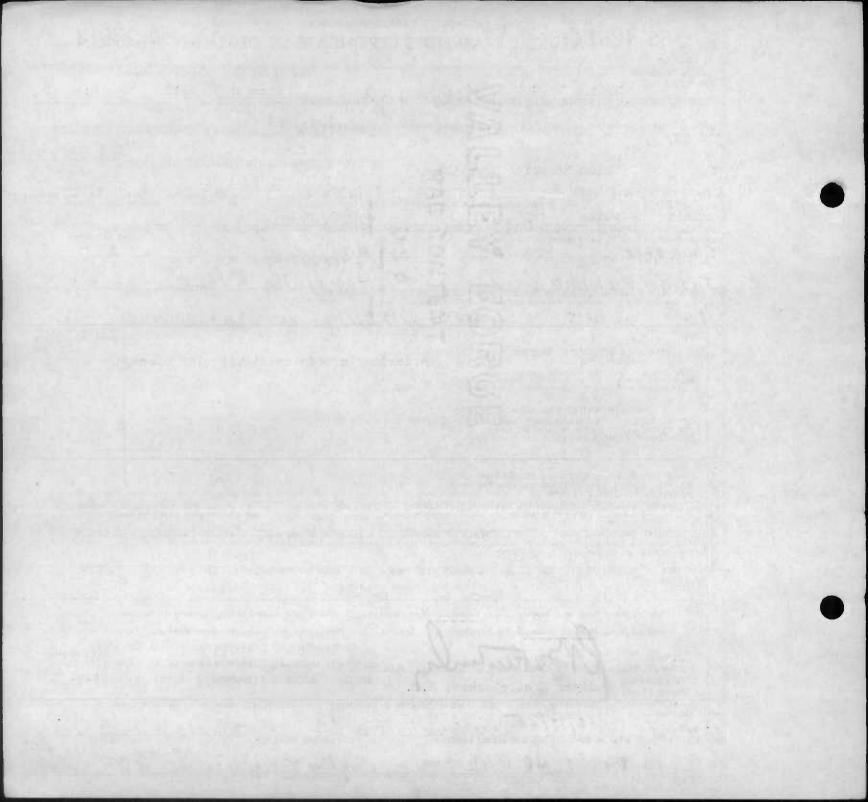
	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO. 65 12612	CERTIFICA	TE OF DEATH	Registered N	·65 12612
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	DAVIE	2. DATE AN	D HOUR OF DEA	105 1026/0.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	-11011	4. USUAL RESIDENCE (When		f institution: residence before admission)
FULL NAME OF (If not in haspital or institution, HOSPITAL OR oddress or location)	give sheet	37 02 F	AIRUIE side city limits, wi	TE RURAL ond give township)
A A A A A A A A A A A A A A A A A A A	201 1/20	BALTIA	WRE	21226 MD
	PAL HOSP.		rurol, give locotion)	5-38
W DINO	NEVER MARRIED O, DIVORCED (specify)	12-30-03	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF done during most of working life, even if refired) SOCIAL SE CULITY AD.	MINISTRATION	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME DAULD T. DAULE	s (Dec	14. MOTHER'S MAIDEN NAI		Hellow (da
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(II yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	77 -0700	ADDRESS
3	114-12-117-19	Self	from	Adu. Slip.
18.3 2 7 / I	CALLE O	DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Parte	al (Incurred)	fores de	In Social.
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		all Hos Vie	The L	efg
injury or complication which coused death.) ANTECEDENT CAUSES	(B) C	o- Pulme	sule "	Syen?
DISEASES OR CONDITIONS, if any, giving	DUE TO			20 pen
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C) (A)	my mysema.	Y	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		ext the red	ten	
		20A. AUTOPSY? (Yes or No		RE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED WYSUN THE PROPERTY OF				CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218	ne, form, loctory, street, a	fice bldg., INJURY OCCUR?	(If in Boltin	nore City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour) 21E	. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.) Wh	ile At Not Whil			
22. I certify that (1) this hospital) attended t	/. /	,	19-)ta	
that (I) (we) last sow the deceased alive on	t t		ot∜ñ(my) (our)	opinion death occurred on the date
ond hour and from the causes stated above.	1) (We) (did) (did not) v	iew the body ofter death.		238, DATE SIGNED
James E. Hyme	M.D. Atte	nding Med. Director	Stafl Phys.	12/4/65
238. PHYSICIAN'S NAME (Type)		23D. ADDRESS	ental	21217
24A. BURIAL CREMATION, 24B. DATE 24C. No.	AME of CEMETERY OF CRI	MATORY 24D.	OCATION 1	(City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 125B. NAME 9	of registrar	25C. FUNERAL DIRECTOR	rovalus	NO JODRESS /
DEC 13 1965 R.O. 6 2 Feel	Lynds U	Harry	7. arma	coffidgeswirden
VS 150-REV, 1/1/65		521		

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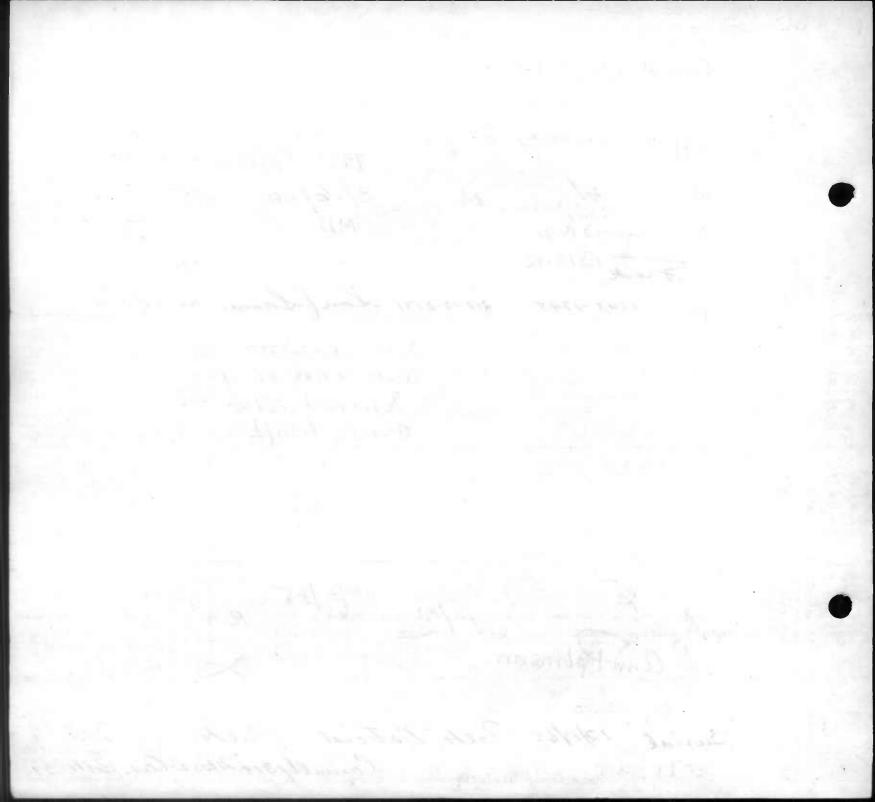
N-350

BALTIMORE CITY HEALTH DEPARTMENT

81 R1	н но. 65	1261	MEDI	CAL EX	AMINER'S	ERTIF	CATE OF D	DEATH Registe	121.0N Best	513
	CASE NO.									
1. I (Ty	De or Print)				1, 1	1		HOUR PRONOUNC		0 (0 -
2 8	LACE IN BAL		ES VA		Vaugna	n)	Decem	ber 7, 1965		8:40 P _M .
3. P	LACE IN BAL	TIMORE, MARY	LAND, W	HERE PRONOU	NCED DEAD	A. STAT	L RESIDENCE (Where	deceased lived. If inst	Intution: resident	ce before odmission)
FUI	L NAME OF	(IF NOT I	N HOSPITA	L OR INSTITU	TION, GIVE STREET	C CITY	Maryland OR TOWN (If outside		- DIIDAI	
HO	SPITAL OR	ADDRESS	OR LOCA	TION)		C. CIT		e corporote limits, write	NO KAL ond	give township)
1							Baltimore			06
4		Unio	n Mem	orial Ho	spital	D. STREE	T ADDRESS (If rurol,	give location)		
1							2100 St. E	Paul St.		
5. S	EX	6. RACE			NEVER MARRIED OVORCED(specify)	8. DATE	OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months Do	Yr. If Under 24 Hrs.
	male	whit	e	Divol	, ,	6/3	0/92	73		
				108. KIND OF	BUSINESS OR INDUSTI	RY 11. BIRTH	PLACE (State or foreign	n country)	12. CITIZEN	
don	during most of	working life, ever	n if retired)	Cah		Mr	elland		WHAT	OUNTRY?
13.	ATHER'S NAM	ME		o a o		14. MOTH	ERA MAIDEN NAME		I A J	410
-	1.	11.	1 h =			111	· tt	FILIE		
15	WAS DECIAS	D EVER IN W	SARMED	PORCES?	16. SO CIAL	17. INFOR	MANT	1110	ADDRESS	
		(If yes, give			SECURITY NO.		l a		100	0
V	25	w w	T		215-07-487	3 EVE	WAL. VE MO	ahan 1301	Linder	HUC
1	18.	01.			CAUS	E OF DEA	fH /			TERVAL BETWEEN
	DISEA	SE OR COND	ITION DE	PECTLY					01	NSET AND DEATH
- 1		LEADING T	O DEATH		(A) Arter	ioscle	erotic cardi	lovascular d	lisease	
	(This does heart failure	not mean the	mode of	dying, e.g.,	DUE TO		*	*********************	***************************************	00
	injury or co	mplication which	ch coused	deoth.)						
		ANTECENDEN	T CAUSE	s						
	DISEASES	OR CONDITIO	ONS, IF A	NY, GIVING	(8) DUE TO					
		IE ABOVE CAI		ATING THE						
Z					(C)					
CERTIFICATION		il								
S		DEATH BUT								
프		R CONDITION			100000000000000000000000000000000000000					
EX.	19A. DATE O	F OPERATION	19B. CON		VHICH OPERATION	20 A. A	UTOPSY? (Yes or No)	20 B. IF YES, WERE FI		
	0			OKIVIED			no	IN CERTIFIING CAU	JES OF DEAT	n:
MEDICAL		CAUSE WA		218. F	form, factory, street,	in or obou	21C. WHERE DID	(If in Boltimore City, gi	ve exoct locat	ion)
ă	UTING CAL	SE OF DEATH	l.	etc.)	toni, ideloty, street,	omeo orași	MAJORI OCCOR:			
Σ	21D TIME	(Month) (D	loy) (Yeor) (Hour) 21	E. INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?		
	OF INJURY					WHILE				
				m. W	ORK AT	WORK				
	22.	tify that I he	ld on li	nquiry 🗌	Inspection X A	utapsy	and that an thi	s basis, death in r	ny opinian	
	rasu	Ited fram: N	Mral car	ses X A	ccident 77 Suici	de 🗌	Hamicide U			
		7	/A/		7/		HEF MEDICAL EX			
	ACTUA	L /	113	11 FT.	6.11.				1	DATE SIGNED
	SIGNAT	URE/L	110	ajun	M.I		ANT MEDICAL EX			10 0 65
	NAME (iger :	Breitene	cker, M.D.	ASSOCI	ATE MEDICAL EX	(AMINER		12-8-65
	BURIAL CRE		B. DATE	230	. NAME of CEMETERY	or CREMA	10RY 23 D. LO	OCATION (City	, town, or cour	ity) (Stote)
KEN	AOVAL (Special	1	2/15	65 10	5.15 - M	timed	C. 12	1/1-	Marin	1
244	DATE REC'D	8Y HEALTH	DEPT.	24R NAME	OF REGISTRAR	HONG!	FUNERAL DIRECTOR	winner,	1 and	RESS
2.47	. DATE REG D	or memorin t	A	ZHI, HARVIE	A A COLD IN A R	240,	A - A	10.	0	2 Ste
	DEC 1	3 1365 /	00	48 Afra	Che Banger 1	, 46	More France	wal Home	Cost	of stock
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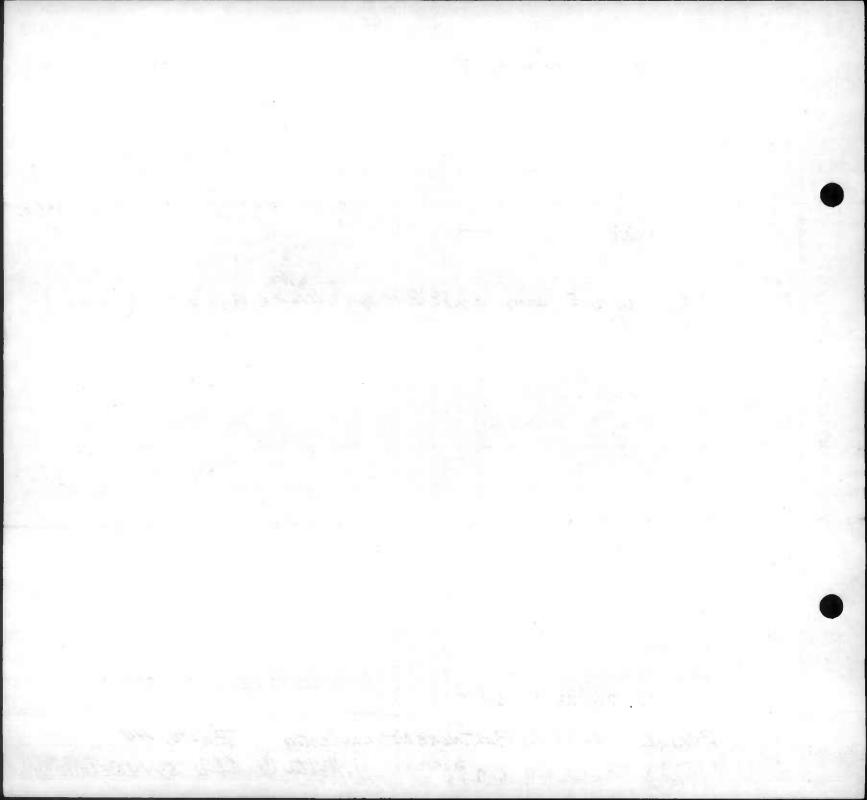


	BALTIMORE CITY	HEALTH DEPARTMENT	
MRTH NO. 65 1261A	CERTIFICA	TE OF DEATH Registered No	65 12614
M.E. CASE NO.		2, DATE AND HOUR OF DEAT	TH .
Bernard Edward Blau	Sz.	Mino	PM12-8-185.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	·C	4. USUAL RESIDENCE (Where deceased lived, 11	institution: rosidonco beforo admission)
		AA () B. COUNTY	a ff
FULL NAME OF (If not in hospital or institution, oddress or location)	give stroet	C. CITY OR TOWN (If autside city limits, will	to RURAL and give township)
INSTITUTION TI	N/4-16	BALTO.	400 A
1 H University.	had,	D. STREET ADDRESS (If rurol, give location)	
POLITY.	V	1488 Garman H	111 Md.
	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
M. W WIDOWE	D, DIVORCED (specify)	8/16/20 lost birthdoys	Monms Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)		·MD.	WHAT COUNTRY!
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	11.5.41
Foto J. Blair			404
Frank	11 / 22 21 11	Frederica Deci	
(Yes, no or unknown) (If yes, give wor or dotes of sorvice)	SECURITY NO.	17. INFORMANT	ADDRESS
'yes, 1943-1945	212-12-6131	Son/ Same a	o alsone.
14.420,11	CAUSE O	F DEATH C	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10-	TO THE POTE II	
(This does not mean the mode of dying, e.g.,	(A) / 1 /C7	ERIOSCHEROTIC //EI	ARI RISEASE,
heat foilure, aslhenio, etc. It means the disease, injury or complication which coused death.)	acu	te Anterior MT	
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, if ony, giving	DUE TO JU	praventicular &	ctopic Tach,
rise to the obove couse (A) stoting the	(C)	18.11	DI O Y.
UNDERLYING CONDITION lost,	<u> </u>	ratae mout	IUM. Ederna
Z CZUSA SIGNUSIGANIA GONDINONS CONTRIBUTION	•		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OF CONDITION CAUSING IT.	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES. WER	RE FINDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED		NO IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (o.g., in	or about 21 C. WHERE DID (If in Boltim	noro City, give exact location)
OR CONTRIBUTING CAUSE OF home of the contribution of the contribut		fice bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yoor) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
≥ (A PPPOY)	ilo At Not While		
Wo		19/0/65	101
22. I certify that (1) (this hospital) attended t	he deceased from	78 10 100 19 to 1	1965
that (1) (we) las't saw the deceased alive an	13/0		pinion death accurred an the date
and haur and from the causes stated above	(We) (did) (did not) v	iew the bady after death.	
23A. SIGNATURE	M.D. Atte	nding Med. Stoff	23B. DATE SIGNED
Co.com Tomison	Phy	Director Phys.	P18/65-
23C-PHYSICIAN'S NAME (Typo)		3D. ADDRESS	
E. Ann Ribinson MD	M.D.		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	AME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
Busial 12/13/65 /	alto Ma	tional Ballo.	md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	25G FUNERAL DIRECTOR	ADDRESS
II	for the same of th		
DEC 13 1965 DO NO T	1 6 0 0	Connelly 500 Mac	Que, Bell, 21



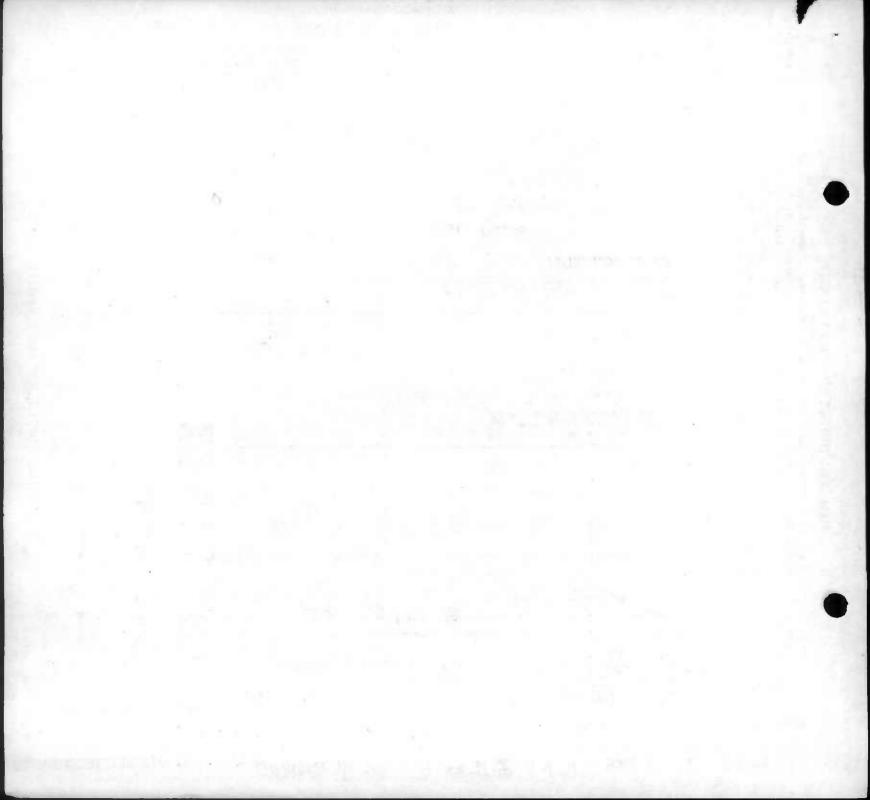
		BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH	OU THUT	CERTIFICA	TE OF DEATH Regi	stered No. 12C15
I. NA	OF PRINT BOUCHET, ANT	IONY F.	2. DATE AND HOUR	OF DEATH 12. 8-65 6. 15A
FU	ACE OF DEATH IN BALTIMORE, MARYLA	ND	A. USUAL RESIDENCE (Where decoose A. STATE B. COUNTY Margland	ed lived. If institution; residence before edmission
	SPITAL OR oddress or locotion) The Union Manuari	al Wasantal	C. CITY OR TOWN (If outside city Baltone e D. STREET ADDRESS (If rure), give	
			2507 N. Cha	inles Street
	male white	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Maxwed	B. DATE OF BIRTH 12/18/99 9. AGE (I lost birthd)	Months Doys Hours Min.
	ISUAL OCCUPATION (Give kind of work 108, luring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FA	SAMUEL BOUCH	ET.	JULIA, A. SULLI	VAN
5. W	os Decessod Ever in U. S. Armed Forces? o or unknown) (If yes, give wor or dotes of ES W. W. F AR	service) 16. SOCIAL SECURITY NO. MY 2/9-16-4646	MRS, LILLIAN C, BOL	ADDRESS
11	133,01	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	(A) Mas	sive Gastio ules	1
1	This does not meon the mode of dyineor foilure, asthenia, etc. It means the njury or complication which coused dea	ng, e.g., DUE'TO diseose,	to a chimic of	21.21/271 1.0.0.
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony,		il sia soth	Cita action
	se Io the obove couse (A) slot INDERLYING CONDITION lost.	ling lhe (C) C	iruogia 4 cae	epatona:
₽.	II DTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		h	5
RTIF	WAS PERFORM		fee	YES, WERE FINDINGS CONSIDERED THEYING CAUSES OF DEATH?
_ C	IA. ACCIDENT WAS UNDERLYING TO RECONTRIBUTING CAUSE OF EATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID (ffice bidg., INJURY OCCUR?	If in Boltimore City, give exact locotion)
3 0	ID. TIME (Month) (Doy) (Yoor) (H IF INJURY APPROX.)	While At Not While Work At Work	21F. HOW DID INJURY OCC	EU R?
	2. I certify that (I) (this hospital) at not (I) (we) lost saw the deceased a		19 65 and that in (my	to 19 65 () (our) apinian death accurred an the date
0	nd hour and from the causes stated a			238, DATE SIGNED
	Pyong Il	Phy		12-8 65
2:	DR. PYOUNG IL	KWONO N M.D.	The Using MEMO	RIAL HOSPITAL
24A.	BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	The state of the s	
25A.	URIDA 12-13-196 DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	28C. FUNERAL DIRECTOR	BALTO, MY, ADDRESS
-	EC 13 1965 A a a c	7-0 0 0	Waller Conke	in 5444 BELAIR Rd

(Stotel ADDRESS



BIRTH NO. M.E. CASE NO.	65 12	616	CERTIFICA	TE OF DE	ATH	Registered N	65 1	2616
1. NAME OF DEC	EASED)	1.1			HOUR OF DEAT	гн	
	-rank k	osen	blum		Dece		1965	6.35 AM
FULL NAME O HOSPITAL OR INSTITUTION	oddress or location	1)	give street -al Hospital	A. STATE Md. C. CITY OR TOWN	B. COUNTY I (II outsi		3 Con RURAL and	give lownship)
S. SEX	6. RACE	7. MARRIED, WIDOWEL	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		AGE (In years s) birthdoy)	II Under Manths	1 Yr. II Under 24 Hrs. Doys Haurs Min.
	working life, even il retired) ~ed	10B, KIND OF	BUSINESS OF INDUSTRY	11. BIRTHPLACE (ST	eylar	nd .	12. CITIZ WHA	EN OF LT COUNTRY?
	ION ROSENBLUM				EL ROSI			
15. Was Deceased (Yes, no or unknawn	Ever in U. S. Armed For Olf yes, give war ar dote	ces? s of service)	SECURITY NO.	17. INFORMANI	A		ma	ADDRESS
18.	/ X 1		CAUSE O					NTERVAL BETWEEN
(This does n	SE OR CONDITION DIR LEADING TO DEATH nal mean lhe made af asthenia, etc. Il means nplication which caused	dying, e.g., the disease,	(A) Rev	nal Sailuri ebral Vo	e & Re	Spira rery		
DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.		DUE TO		J			
E TO THE D	IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH						
19A. DATE OF	WAS PERI	FORMED 1	vein occlussion	k /	(Yes or No)	208, IF YES, WE	RE FINDINGS CAUSES OF D	CONSIDERED EATH?
OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF medicol exominer	21B hom etc.	PLACE OF INJURY (e.g., ine, lorm, foctory, street, o	n or obout 21 C. WHE ffice bldg., INJURY C	RE DID	(If in Boltin	nore City, give	exact locotian)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not While At Work	le 🗀	N DID INJU	RY OCCUR?		
	that # (this hospital		- LAL 12 /	8 1965		In (my) (our)	opinion deat	h accurred on the date
and hour and		ed above. (() (We) (did) (did not) .			toff hys.	238. DAT	E SIGNED
23C PHYSICIA NAME (T	WALD T.	Leu	ERS M.D.	23D. ADDRESS	rd (O G-TV/=	es/	Hosp
BURTAL	Specify) 12/10/65	116	EBREW FREENDS!	EMATORY /	24D. LO	TIMORE. M	ARY LAND	
DEC 13	BY HEALTH DEPT.	25B, NAME	P. P	SOL LOV	INSON	BROS. INC	.6010 R	ADDRESS EISTERSTOWN R

DEC VS 150-REV. 1/1/65



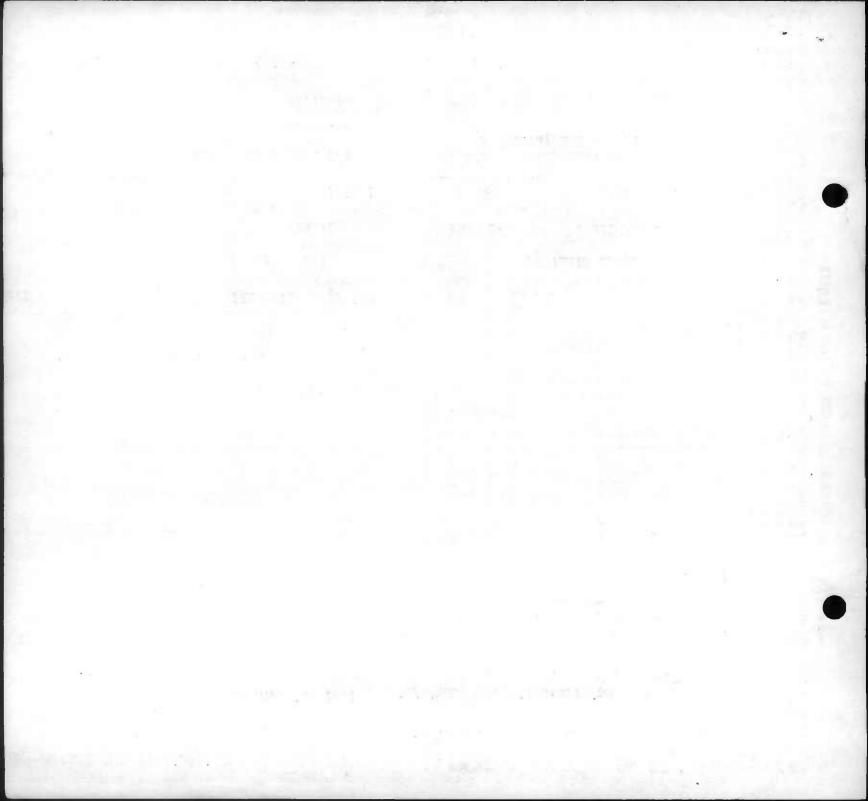
DEC 13 1965 P. L. 1258, NAME OF REGISTRAN

VS 150-REV. 1/1/65

Such

				BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO.		12617	CERTIFICA	TE OF DEATH	Registered No.	00 12017
(Туре	AME OF DEC e ar Print)	HE		BLAUSTEIN	DECEM	BER 8, 1965	10:20 A M.
FU	ULL NAME OF DEA	LAKE DRI	hospitol or instituti		MARY LAND C. CITY OR TOWN (IF OUR BALTIMORE	tside city limits, write	
5. SE	EX EMALE	6. RACE WHITE	7. MARR	IED, NEVER MARRIED WED DIVORCED (specify)	B. DATE OF BIRTH 1/22/1870	9. AGE (In years (ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	during most of	UPATION (Give king working life, even if)USEWIFE		OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (Stote or fore		12. CITIZEN OF WHAT COUNTRY?
13. F	FATHER'S NAM	JACOB GI	ITTLESON		14. MOTHERS MAIDEN NA IDA ?	ME	
		Ever in U. S. An	med Forces? or dates of service	SECURITY NO.	MR. JACOB BLAU	STEIN ALTO	DALE FARM PIKESVI
		ANTECEDENT C	AUSES	DUE TO			
-	rise to the	e abave caus G CONDITION I		ing the (C)			
ATION	OTHER SIGNI	e obove cous G CONDITION I IFICANT CONDIT EATH BUT NO CONDITION CAI OPERATION 19	e (A) stating ost. IONS CONTRIBUTE RELATED TO USING IT.	ing the (C)	20A. AUTOPSY? (Yes or No	D) 208. IF YES, WERE	FINDINGS CONSIDERED
L CERTIFICATION	OTHER SIGNITO THE DISEASE OR 19.A. DATE OF 21A. ACCIDEI OR CONTRIBU	e obove cous G CONDITION I IFICANT CONDIT EATH BUT NO CONDITION CAI OPERATION 19	e (A) stating ost. IONS CONTRIBUTE RELATED TO USING IT. PE CONDITION FOR AS PERFORMED LYING OF	ing the (C)	or about 21 C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exoct locotion)
MEDICAL CERTIFICATION	OTHER SIGNITO THE DISEASE OR 19.A. DATE OF 21A. ACCIDEI OR CONTRIBU	e obove cous G CONDITION I IFICANT CONDITI EATH BUT NO CONDITION CAI OPERATION TO W NT WAS UNDERLI JTING CAUSE	e (A) stating ost. IONS CONTRIBUTE RELATED TO JSING IT. PB. CONDITION FOR AS PERFORMED LYING OF	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	an or obout 21 C. WHERE DID injury occur?	(If in Boltimor	AUSES OF DEATH?

BROS. INC. 6010 REISTERSTOWN

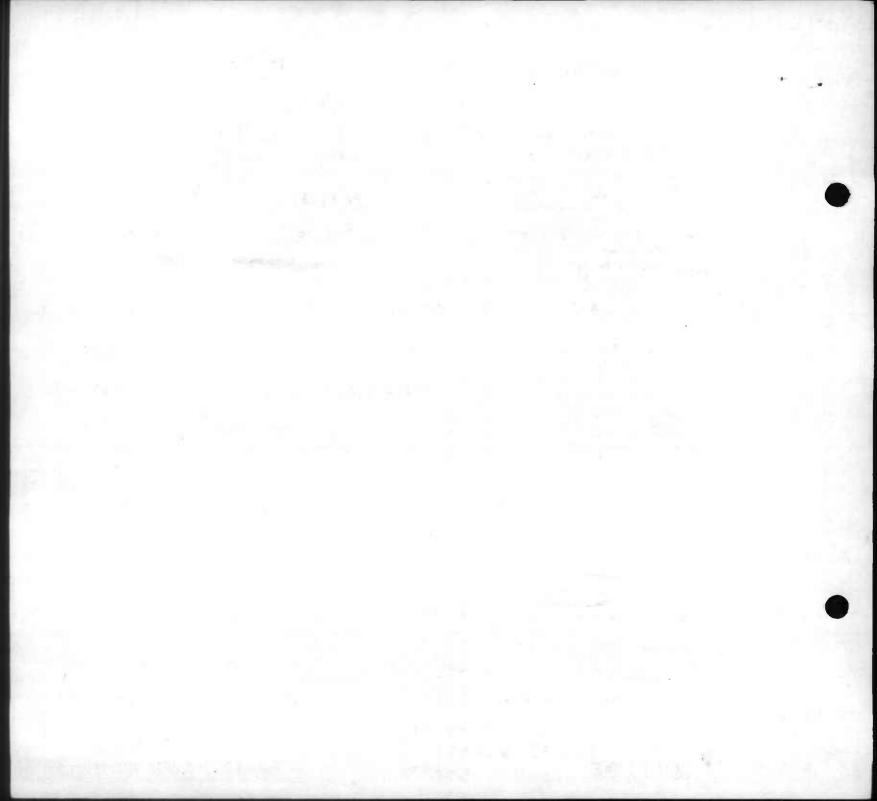


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VS 150-REV. 1/1/65

BALTIMORE CIT	TY HEALTH DEPARTMENT	
BIRTH NO. 65 12618 CERTIFICA	ATE OF DEATH	egistered No. 65 12618
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HO	OUR OF DEATH
(Type or Print) Wohl, Belle 7	12-10-6	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where dec	eased lived. If institution: residence before admission)
FULL NAME OF (If not in haspitol or institution, give street HOSPITAL OR oddress ar lacotion)	Maryland Bala c. CITY OR TOWN HIS outside of	timore de l'Ol
SINAI HOSP OF	Baltimore à	#15
BALTIMORE, INC.	1	give locotion)
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 19. AG	
F WIDOWED DIVORCED (specily)	3/5/1895 1051 6	70 Manths Days Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working lile, even il retired)	11. BIRTHPLACE (State or foreign ca	untry) 12. CITIZEN OF WHAT COUNTRY?
Refried HOUSEWIFE AT HOME	Russia	UN Kon WW USA
13. FATHERS NAME AND AM	14. MOTHER'S MAIDEN NAME	
Zolman, Rosen berg	Un know	an Shava ?
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 16. SOCIAL 16. SECURITY NO.	17. INFORMANT	ADDRESS
NO unknown	Horny M. Waley	5356 Carriage C1, 21229
18. CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1	ONSET AND DEATH
LEADING TO DEATH	the Myocardial i	a farction Lumedia de
(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	•	
ANTECEDENT CAUSES (B) AS OUE TO	CVD	over 10 Years
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		
UNDERLYING CONDITION last.		
Z OTHER RICHIELGANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE	Known	
U 19A DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B	IF YES, WERE FINDINGS CONSIDERED
was PERFORMED		CERTIFYING CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, give exact lacation)
▼ DEATH (natify (medical exominer) etc.)	ones ong, hajori occor:	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY C	OCCUR?
OF INJURY (APPROX.) While At Not Work At Work		
22. I certify that (I) (his hospita) attended the deceased fram		5 to 12 -10 1965
that () (we) last saw the deceased alive an 12-10		to 12 -10 19 6 5 my (aur) apinian death accurred an the date
		(aur) apinian death accurred an the date
and haur and from the causes stated above. (1)(We) (did) (dld nat)	view the bady after death.	23 B. DATE SIGNED
	ttending Med. Stoff Phys.	
23C. PHYSICIAN'S	23D. ADDRESS	12 10-65
NAME (Type)		ourt, Baltimore 21229
		, , , , , , , , , , , , , , , , , , , ,
REMOVAL (Specify)		
	CAIR)	ROSEDALE, MARYLAND
DATE REC'D BY HEALTH DEPT TO THAT THE AREA	SOI I FUTNICON & DE	ADDRESS
1 Mag 13 1960 0 4 5 6 0	LA THATHAMA	ROS. INC. 6010 REISTERSTOWN P

REISTERSTOWN



VS 150-REV. 1/1/65

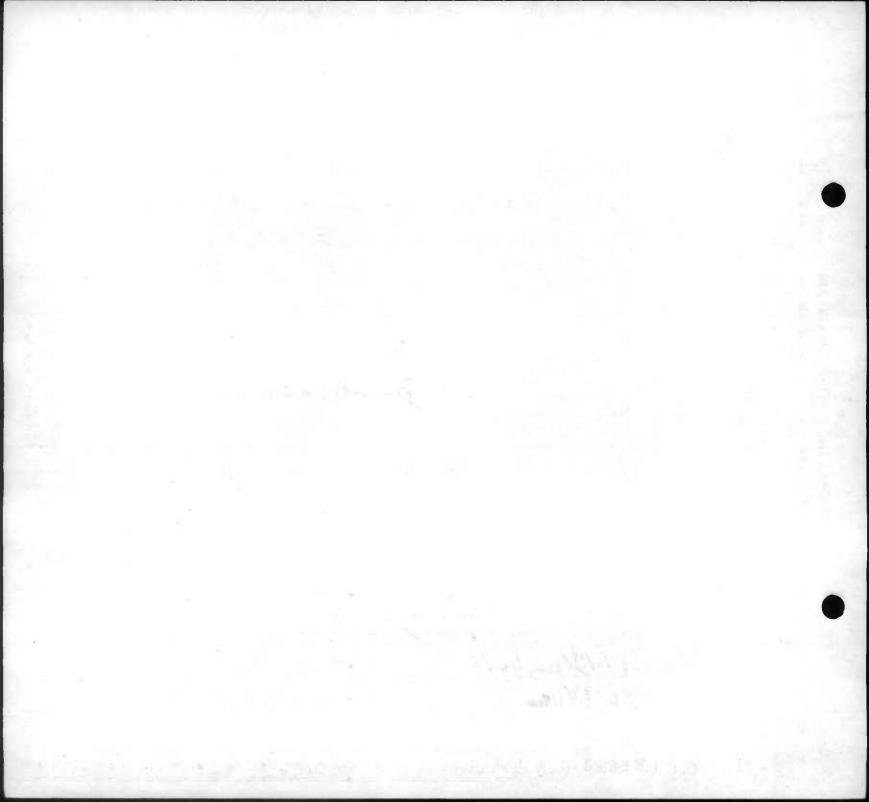
a hospital and

		DATE INTO RE			
BIRTH NO. M.E. CASE NO.	65 12619	CERTIFIC	CATE OF DEATH	Registered No.	5 12619
1, NAME OF DECI	1 . 1 6.	. +1	2. DATE AN	HOUR OF DEATH	538 D
3. PLACE OF DEA	TH IN BALTIMORE, MARYLAN	NOTT	4. USUAL RESIDENCE (Where	decased lived. If instit	ution: residence before admiss
			A. STATE . COUN		19-111
HOSPITAL OR	F (If not in hospital or insti address or lacation)	itution, give street	C. CITY OR TOWN (If out	ida city limits, write RUI	RAL and give township)
Baltiv	nore City t	tocnitals	Baltimor	e	
1 Juli	note City !	المال المالحال	D. STREET ADDRESS	ural, give location)	1
S. SEX	6. RACE 7. MA	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	f Under 1 Yr. , If Under 24
Male	Cauc. W	DOWED, DIVORCED (specify	7-17-93	ost birthday	f Under 1 Yr. If Under 24 Aanths Days Haurs Mi
	JPATION (Give kind of work 10B. K		STRY 11. BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF WHAT COUNTRY?
Machi	working life, even if retired)	ilroad	Marylan	1	U.S.A.
3. FATHER'S NAM		7.100(1)	14. MOTHER'S MADEN NAM	NE	
	Singott		Maggie Mu	rphy	
IS. Was Deceased (Yes, no grunknown)	Ever in U. S. Armed Farces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			Records:BCH-494	O Eastern Av	enue 21224
18.49	3X4L1991	2 /	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIRECTLY LEADING TO DEATH		Dreumonia		24 hrs
	at mean the made of dying		Pricamonia		
	asthenia, etc. It means the d plication which caused death.				
	ANTECEDENT CAUSES	(B)			
	R CONDITIONS, il ony, abave couse (A) stolin				
	CONDITION lost.	(0)			
Z OTHER SIGNI	II FICANT CONDITIONS CONTRI	IRLITING . A	1 .	, 1	
P TO THE DI	EATH BUT NOT RELATED CONDITION CAUSING IT.	TO THE METAST	atic Concer,1	rimary unknow	1 1+415
19A. DATE OF	OPERATION 198. CONDITION		20 A. AUTOPSY? (Yas or No	208. IF YES, WERE FIN	TO OF DEATHS
ERT 2	NT WAS UNDERLYING		Yes		ity, give exect lecetion)
OR CONTRIBU	TING CAUSE OF	home, form, foctory, stree	, office bldg., INJURY OCCUR?	the file of the control of the contr	my, give exect teconom
U		or) 21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
LI 21D. TIME	(Month) (Day) (Year) (Hou				
OF INJURY	(Month) (Day) (Year) (Hou		While		
(APPROX.)	A	Work At V	Vark	· 6\ \	05 4 10 6
(APPROX.) 22. I certify	tho (I) (this hospital) atte	work At V	Dec 1	9 65 10 D	ec 4 19 6
22. I certify	tho (1) (this hospital) atte	nded the decessed from we on PC	Dec 1 1965 and the	y (my) (our) opinion	
22. I certify	tho (1) (this hospital) atte	nded the decessed from we on PC	Dec 1	t in (my) (our) oplnic	
(APPROX.) 22. I certify tho (1) we) and hour once	tho (1) (this hospital) atte	nded the decessed from we on PC	Dec 1 19 65 ond the	of in(my) our) opinion	on death accurred on the
(APPROX.) 22. I certify tho (1) we) and hour onc 23A. SIGNATH	the (1) this hospital) atterior that sow the deceased of the courses stated ob the course stated obtained by the course stated	work At V	Dec 1 19 65 ond the	of in(my) (our) oplnio	on death accurred on the
(APPROX.) 22. I certify tho (1) we) and hour one 23A. SIGNATH	the (1) this hospital) attering the last sow the deceased of the from the couses stated ob the last some the last	work At V anded the deceosed from we on PC wove (II) We) (dId) (did no M.D.	Dec 1 19 65 ond the ot) view the body ofter death. Attanding Med. Phys. Director	of in(my) our) opinion	on death accurred on the
(APPROX.) 22. I certify tho (1) we) and hour onc 23A. SIGNATH	the (1) (this hospital) atterned to the last sow the deceased all of the courses stated ob the last respectively. N'S (yee) Alan E. Oestre	work At V Inded the decessed from Ive on PC Ive on Me) (did) (did no Ive on M.D.	Attending Med. 23D. ADDRESS Baltimore	of in(my) our) opinion	on death accurred on the
22. I certify tho (1) we) and hour one 23A. SIGNATH 23C. PHYSICIA NAME (T) 24A. BURIAL CREE REMOVAL (S)	the (1) (this hospital) atterned to the last sow the deceased all of the courses stated ob the last respectively. N'S (yee) Alan E. Oestre	work At V Inded the decessed from Ive on PC Ive on Me) (did) (did no Ive on M.D.	Altanding Med. Phys. ABOUTH STANDARD AND ADDRESS A.D. CREMATORY AI Cam. Baltinore Baltinore CREMATORY AI Cam. Baltinore Baltinore Baltinore Baltinore Baltinore	Stoff Phys. P	Dec. 4, 1969
22. I certify tho (1) we) and hour one 23A. SIGNATU 23C. PHYSICIA NAME (T) 24A. BURIAL CRE REMOVAL (S)	the (1) (this hospital) atterned to the last sow the deceased all of the courses stated ob the last respectively. N'S (yee) Alan E. Oestre	work At V anded the decessed from ve on PC We) (dld) (did no M.D. A 24C. NAME of CEMETERY or	Dec 19 5 ond the ot) view the body ofter deoth. Altending Med. Director 23D. ADDRESS A.D. Baltimore CREMATORY 24D. LC	Stoff Phys. 2	Dec. 4, 1969

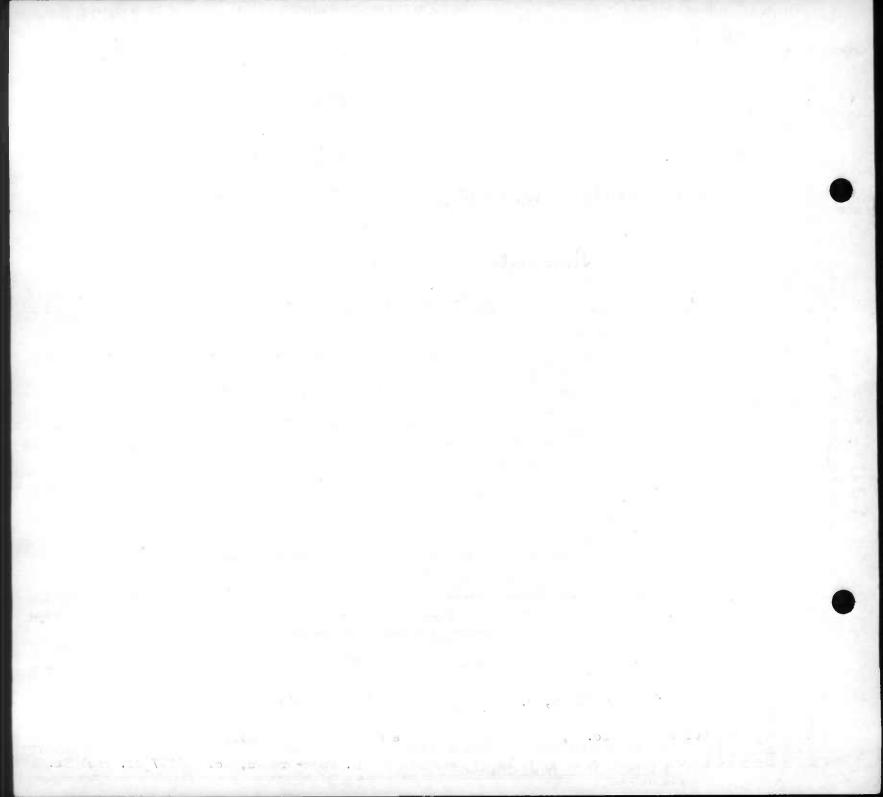
to the same of the

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTI	IMORE CITY HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO. 65 12620 CER	TIFICATE OF DEATH Registered No.	65 12620
Type or Print Ordiz W. Morg.	Dec 8,1963	5 110° a.m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where doceosed lived, It institu A. STATE B. COUNTY	tion: rasidance before admission)
FULL NAME OF (If not in hospital or institution, give street	MD.	5-04
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURA	AL and give township)
Park Hill Mursing	None, Baltimore	
	D. STREET ADDRESS (If rurol, give lacotion)	
F OF LANCE IN A CONTROL NEWS AAA	500 Pontiac a	
Jenule White 7. MARRIED, NEVER MARI WIDOWED, DIVORCED	RRIED () (specify) () (1-10-8) () (specify) () (3-4)	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF	OR INDUSTRY 11. BIRTHPLACE (State or fareign country)	2. CITIZEN OF WHAT COUNTRY?
dane during most of working life, even if retired)	Kentucky	WHAT COOKIES:
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
James O, Woford	Celiecca Wo ford	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown)(If yes, give war ar dates of service) 16. SOCIAL SECURITY	Y NO.	ADDRESS
10	Family Son	10
18. 3. 3. 4. X I	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	01 . 0 0.	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) Chronic Brain Lliseare	ser years
heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)		
	(B) Seneralized and scleusing	man
DISEASES OR CONDITIONS, if any, giving	DUETO	
rise to the obove cause (A) stoting the	(C)	
UNDERLYING CONDITION lost.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ute respirator infection	ser days
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	ATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, focto	NJURY (e.g., in ar about 21 C. WHERE DID (If in Baltimare Cit ory, street, affice bldg., INJURY OCCUR?	ly, give axact lacotion)
▼ DEATH (natify medical examiner) etc.	ory, sireet, dince bidg., INJURI OCCUR:	
O 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCC	CURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At	Not While At Work	
22. I certify that (I) (this hospital) attended the deceased		8 1965.
that (1) (we) last saw the deceased alive an Dec	1	
and haur and fram the causes stated above. (1) (We) (did)		
23A. SIGNATURE		B, DATE SIGNED
Laur Blumbers.	M.D. Attending Mad. Director Phys.	12/8/65
23C. PHYSICIAM'S NAME (Type)	M.D. 3562W. Rogen an Ba	elt 9 lud
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMEREMOVAL (Specify)		awn, or county) (State)
Bunc 12-11-65 Color 1	fell Com Balto 25 km	(
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 13 1965 Report & Sandajan	1 McCalls & N. 23 / Vala	pare
VS 150-REV. 1/1/65	. /	



BIRTH NO. 65 1262	4	TE OF DEATH	Registered Na	65 12621
M.E. CASE NO.	1 CERTIFICA	TE OF DEATH		
(Type or Print) WhitE. MRS.	LELIA L.	12-	9-65	7 P. in. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution; residence before admission)
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itution, give street	C. CITY OR TOWN IF OU	4 Na	RURAL and give township)
INSTITUTION KESNIEK		D 111.	ORE	
/		D. STREET ADDRESS	iurol, give location)	
S. SEX 6. RACE 7. M.	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His.
FFMels White in	DOWED, DIVORCED (specify)	6-9-1873	10st birthdoy	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. K done during most of working life, even if retired)	IND OF BOZINEZZ OK INDOZIK			WHAT COUNTRY?
13. FATHERS NAME		MARYLA 14. MOTHER'S MAIDEN NA	nd.	M.S.a.
Samuel Leona	rd	ROSA COOL	per	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of s NO	16. SOCIAL SECURITY NO. 2.18-52-246	4 KES WICK	Home R	reads - Surackerd
18. 334 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASÉ OR CONDITION DIRECTL	R	molen		148 410
(This daes not mean the made of dying heart failure, asthenia, etc. 11 means the d		ar jenegatein	10010	40 002
injury ar camplication which caused death)	1 marilamente de	idenne seir	3.0
ANTECEDENT CAUSES	DUE TO	conec beau sign		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis UNDERLYING CONDITION tast.	giving og lhe (C)	rebiol active	oscleran	» years
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exect locotion)
21D. TIME (Month) (Doy) (Year) (Hor		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not Wh			
22. I certify that (I) (this haspital) atte	ended the deceased fram		19ta	12-9 1965
that (1) (we) last saw the deceased ali	ve an 10 -9	19.65and th	at in(my) (aur) api	Inlan death accurred an the date
and have and from the causes stated at	pave. (I) (We) (did) (did nat)	view the bady after death.		23B, DATE SIGNED
0 6/ 0.00	Con la M.D. At	tending Med.	Stoff	
23C. PHYSICIAN'S		ys. Director 23D. ADDRESS	Phys.	12-16-65
23C. Physician's NAME (Type) E. Hunter Wilson, Jacob Burnal Cremation, 248. Date	M.D	% The Keswick	Home	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CI			ity, town, or county) (Stote)
Burial Dec.11,1965	Spring Hill Co	emetery	Easton	Maryland
	NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
DFC 13 1965 P.O. 4 8	D. Facilities 0	Wm. Cook-Bro	oks, inc.	1217 St. Paul St.



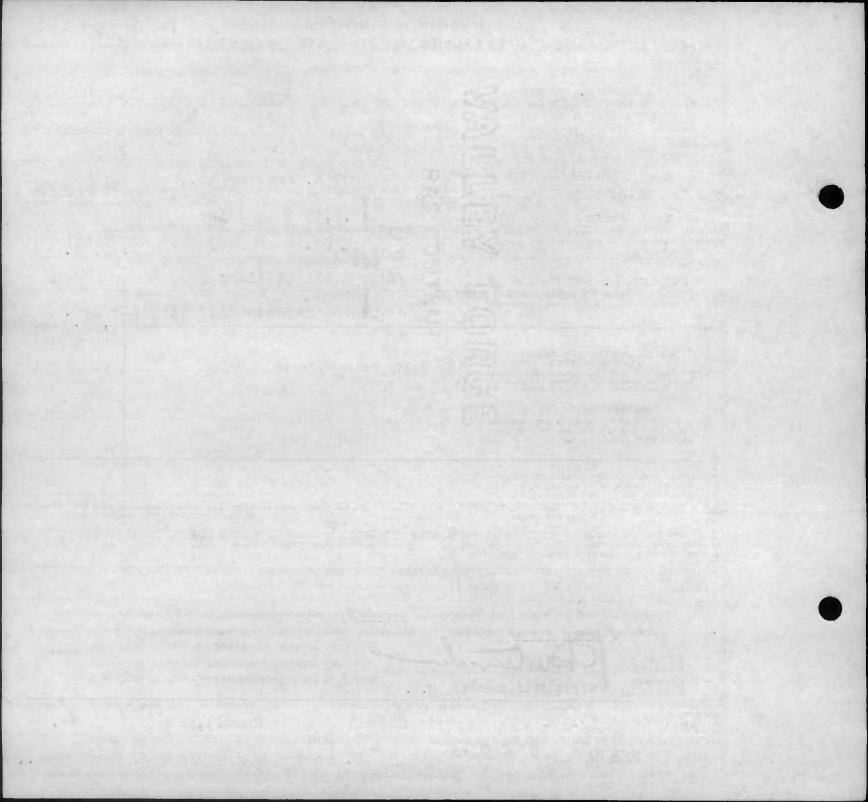
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	-	10	0
	No W	K	, a	dd
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	900	3	9 50	9
	is de	30	200	=
	문학	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.C.A. at a nospiral (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

AE CACE		CERTIFICA	ATE OF DEATH	Registered No.	65 12622
M.E. CASE N I.NAME OF Type or Print)	DECEASED /	DEWS	2. DATE AL	ND HOUR OF DEATH	- 3.704
FULL NAM HOSPITAL INSTITUTIO	OR oddress or location)	AND	Md.	ere deceased lived. If in	nstitution: residence before ofimissi
0	Bolton Hill Nu	rsing Home	D. STREET ADDRESS (IF	rural, give location)	
	e White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed KIND OF BUSINESS OR INDUSTR	B. DATE OF BIRTH July 15, 1881	9. AGE (In years tast birthdoy) 84	If Under 1 Yr. If Under 24 P Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
	ost of working lile, even if retired) Ousewife	Own Home	Newnan, Georg	gia	U.S.A.
3. FATHER'S	NAME Askew		Ida Scroggin		
5. Was Dece Yas, no oi unki	nawn) (If yes, give war ar dates af	service) 16. SOCIAL SECURITY NO. None	Mrs Evelyn Wan	3714 Sprin	gdale Ave timore, Md. 21216
injury or	lure, asthenio, etc. It meons the complication which caused dec ANTECEDENT CAUSES S OR CONDITIONS, if any,	(B) DUE TO			
rise lo UNDERL	the above couse (A) slo YING CONDITION last.	ling the (C)			
rise lo UNDERL	the above couse (A) sion ying CONDITION last. II SIGNIFICANT CONDITIONS CONTENT DE TRELATED OR CONDITION CAUSING IT.	TRIBUTING TO THE ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N		
OTHER S TO TH DISEASE 19A. DAT 21A. ACO	the above couse (A) sion of the condition last.	TRIBUTING TO THE ON FOR WHICH OPERATION MED 21B. PLACE OF INJURY (e.g.,		a) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact lacofion)
OTHER S OTHER S TO THE DISEASE	the above couse (A) sto YING CONDITION last.	TRIBUTING TO THE ON FOR WHICH OPERATION MED 21B. PLACE OF INJURY (e.g., hame, faim, factory, sheet,	in at about 21C. WHERE DID office bldg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
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TISE TO UN DERLE STORY TO THE S	the above couse (A) storying CONDITION last. II SIGNIFICANT CONDITIONS CONTENT CAUSE OF CAUSE CAUSE CONTENT CAUSE CAUSE CONTENT CAUSE CA	TRIBUTING TO THE ON FOR WHICH OPERATION MED 21B. PLACE OF INJURY (e.g., hame, faim, factory, street, etc.) While At Nat While At Wark Itended the deceased fram live an No. V. Obave. (1) (We) (did) (did not) M.D. At Ph	20A. AUTOPSY? (Yes or N in a about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN. ile 21F. HOW DID IN. iview the bady after death. tending Med. pirector 23D. ADDRESS 750/ L/BB/	208. IF YES, WERE IN CERTIFYING CA (If in Boltimor) JURY OCCUR? 19 (96) to	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact lacotion) The City, give exact lacotion 19 6- Inion death accurred an the 23B. DATE SIGNED Dec. 9 1945 BALTIMARE (State)

BALTIMORE CITY	HEALTH	DEPARTA	AFN1

65, 12623

BIRTH NOS5	12623 MED	ICAL EX	AMINER'S	CERTIFICA	TE OF	DEATH Registe	red Na	020
M.E. CASE NO.								
1. NAME OF DE		ADDET -				D HOUR PRONOUNC		
	RALPH W. CA				Dece	mber 8, 196	5	8:35 A M.
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	A. STATE	DEN CE (Where	deceosed lived. If inst B. COU	Itution: resid	lence before admission)
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET		Maryland	Partie 1	DILDAL	4 -1 4 11-1
HOSPITAL OR	ADDRESS OR LOC	ΑΠΟΝ)				e corporate limits, write	KUKAL on	d give township)
10/					Baltimor			
1 X	Marylan	d Cenera	l Hospital	D. STREET ADI				
	riar y ran	a denera	i nospicai	207 E	. Pres	ton St.,		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years lost birthday)	If Under	Yr. If Under 24 Hrs. Doys Hours , Min.
male	white		DIVORCED (specify)	Mar.4,1	915	50	TVIGHTH'S	Doy's Floors Willi.
	CUPATION (Give kind of wo	ck 108. KIND OF	OCCED BUSINESS OR INDUST				12. CITIZE	N OF
	warking life, even if retired)			. Va			WHAT	T COUNTRY?
Pain 13. FATHER'S NA	iter	001101 9					U.	S. A.
				14. MOTHER'S				
Robe	ert L. Camp	bell		Kosi	le Will	lams		
	ED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
no	in yes, give war or ao	les of service	JECOKIII NO.	Lewis (Campbel	1 1418 Vi:	rgini	a Ave.
18.				E OF DEATH	1	Front	Rova	INTERVAL BETWEEN
DISEASES RISE TO TI UNDERLYI OTHER SIG	not meen the mode of a state of the course o	is the disease, death.) SES ANY, GIVING STATING THE SCONTRIBUTING	(6)(C)	y metamorp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TIVEL		
19A. DATE O	F OPERATION 198. CO		WHICH OPERATION		Y? (Yes or No)	208. IF YES, WERE FILL		
ZIA. EXTERNA	AL CAUSE WAS	21 R	PLACE OF INJURY (e.g.	yes	WHERE DID		ve exact las	cotion)
O UNDERLYING	USE OF DEATH.	hame etc.)	, fam, factory, street,	office bldg., INJU	RY OCCUR?	,, 8.		
핃								
OF INJURY	(Month) (Day) (Ye	or) (Hour) 2	TE. INJURY OCCURRED	21 F. I	IOM DID INJU	JRY OCCUR?		
(APPROX.)		m. V	VHILE AT NOT	WHILE WORK				
22.								
I ce	rtify that I held an	Inquiry L	InspectionA	utopsy X a	nd that on thi	is basis, death in n	ny opinian	
resu	Ited fram: Netural c	auses X A	ccident Suici	de Hamie	ide l	Indetermined manne	er	
	101	-	/	CHIEF	MEDICAL EX	AMINER		DATE SIGNED
SIGNA	- / / / / /	linun	whi	ASSISTANT	MEDICAL EX	AMINER 3		DATE SIGNED
EXAMI	NEDIC	Broiton		ASSOCIATE			12-8-	-65
NAME	(1) 50)		ecker, M.D.					
23A. BURIAL CR REMOVAL (Speci		23	C. NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City,	, tawn, or co	county) (State)
Burial	12-12	-1965	Willis Ch	napel	F	luntly,		Va.
	D BY HEALTH DEPT.		QF REGISTRAR	*	RAL DIRECTOR		Δ	DDRESS
050 19	1965 120		An 10					
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F	UNERAL DI	RECTOR:	FUNERAL DIRECTOR: IMPORTANT		_(
proved by the	s chief medical	examiner examiner.	or his assistant Also, if the di	proved by the chief medical examiner or his assistant if death occurred in a hospital and () the hospital by a medical examiner. Also, if the direct or contributing cause of death ()	of death
any nature; (2) Body burns; ((3) A fractur	e of any kind;	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	Deceased
(except where	the physician	n who pror	nounced death	except where the physician who pronounced death was in regular attendance on the 🖰	e on the
and (6) No p	hysician was	in regular	attendance on	and (6) No physician was in regular attendance on the deceased prior to death. Such	ith. Such

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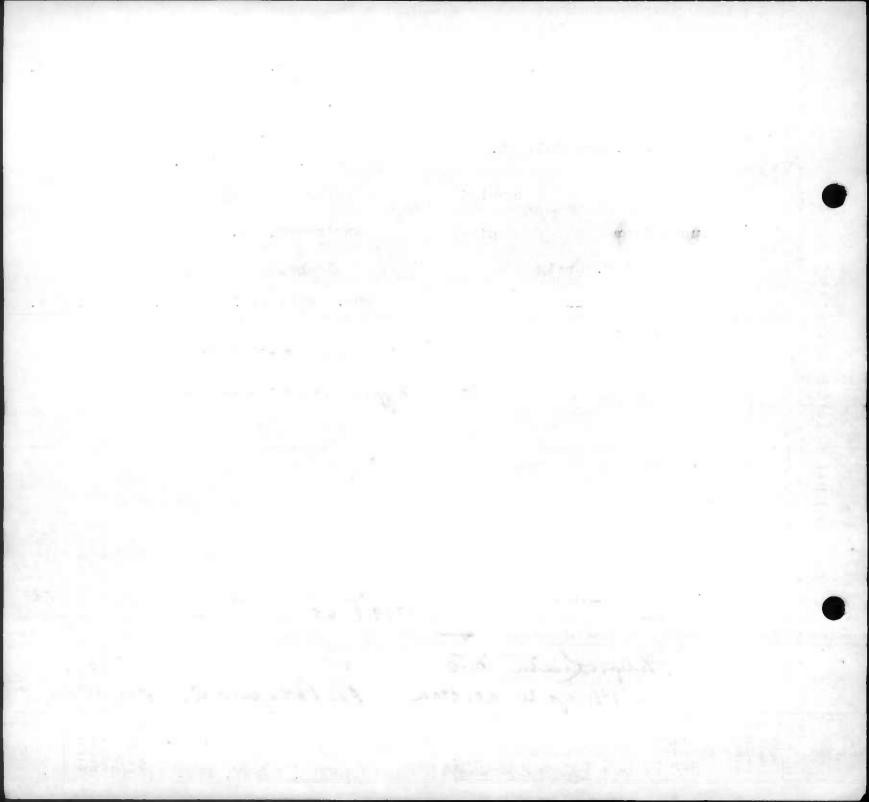
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BALTIMORE CITY HEALTH DEPARTMENT 65 12625 Registered No. 65 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Dec. 9, 1965 7:30р.м. EDWARD C. CRAIG 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY A. STATE Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give townsh INSTITUTION Baltimore (II rural, give location) D. STREET ADDRESS 239 E. Grindall St. 239 E. Grindall St. made 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Il Under 24 Hrs. 5. SEX If Under 1 Yr. II Und Months Doys Hours 6. RACE WIDOWED, DIVORCED (specify) lost birthdoy) 3/18/99 Married 66 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) dispositio Supervisor Harrisburg, Pa. Hospital 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert H. Craig Isabelle Coleman 15. Was Deceased Ever in U. S. Anned Forces? 17. INFORMANT ADDRESS final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. Mrs. Betty Craig 239 E. Grindall St. No CAUSE OF DEATH INTERVAL BETWEEN 0 0 . . ONSET AND DEATH DISEASE OR CONDITION DIRECTLY PP LEADING TO DEATH balm (This does not meen the mode of dying, e.g., hearl foilure, osthenio, etc. It means the disease, injury or complication which coused death.) E ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, larm, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At [(APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 19 6 5 hospital (
to death); that (1) (we) lost sow the deceased olive on. ond that in(my) (our)-opinian death occurred on the date and hour and from the couses stoted obove. (1) (We) (did not) view the body ofter deoth. 23A. SIGNATURE 23 B. DATE SIGNED Attending Z Stoll M.D. 10 Phys. Director L pproval Phys. 0 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) 3021 at 4 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased (City, town, or county) 0 0 REMOVAL (Specily) ò 12/13/65 Meadowridge Memorial Dorsey, Md. SID 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 25C, FUNERAL DIRECTOR

NNY, INC. 715 Light St. VS 150-REV. 1/1/65



Such

			BALTIMORE CITY	HEALTH DEPART	MENT		
BIRTH NO.	65 126	326	CERTIFICA	TE OF DEA	ATH Register	·65 12	626
1. NAME OF DECEA	Flore	uce S	herman		DATE AND HOUR OF	a	8:506,
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or locoffo	or institution, give	street	d. USUAL RESIDER A. STATE C. CITY OR TOWN D. STREET ADDRES	B. COUNTY Ill outside city limit: Limbre Is (If rurol, give local Extens &	s, write RURAL o	residence before adjustion and give township)
7	RACE	ma	OVORCED (specify)	9-29-09	9. AGE (In ye lost birthdoy)	Months	der 1 Yr. If Under 24 Hrs S Doys Hours Min.
	ATION (Give kind of work rking lile, even if retired)	108, KIND OF BU	ISINESS OR INDUSTRY	Mass	ote or foreign country)		TIZEN OF HAT COUNTRY?
13. FATHER'S NAME	-00 M			14. MOTHERS MA		1	
15. Was Deceased Ex (Yes, no or unknown) (19	ver in U. S. Armed For f yes, give wor or dote	rces? 16 es of service)	SOCIAL SECURITY NO.	17. INFORMANT	ort	j gad	ADDRESS
	OR CONDITION DI	RECTLY	CAUSE O	en bricul	Par febri	//alin	INTERVAL BETWEEN ONSET, AND DEATH
heart failure, as injury ar campli	meen the mode of sthenia, etc. It means ication which caused NTECEDENT CAUSES	the disease, deoth.)	DUE 1997	CEREV.	all Rote	E CARDIO	wenness of senter
DISEASES OR	CONDITIONS, if obave cause (A)	ony, giving stoting the	DUE TO (C) 1441 SELECTIC LLE	PUPLASTIC	LEFT K	iney	due to

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION

WAS PERFORMED

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, olfice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) etc.)

21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

While At Not While Work At Work

22. I certify that (1) (this hospital) attended the deceased

TO

(Hour)

(Yeorl

ond that in (my) (our) aplnion death occurred on the date

and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE					238, DATE SIGNED
1/ Sulone	po	M.D. Attending Phys.	Med. Director	Stoff Phys.	12.8.
22C DUVELCE HAPT	//	23D ADDRES	re .		*

65 Woodlawn Cemetery
258. NAME OF REGISTRAR 250

Balto. Md.

25C. FUNERAL DIRECTOR John (3 Miller Inc-6415 Belair Rd. 21206

VS 150-REV. 1/1/65

Bur 25A. DATE RE

it is the thing formede. HADERSON FOR THE LATER OF THE SALES Morald and Anna and the state of the state of Entraction 18 com as 1 miles The terminate of the same with the same of This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

Also, if the direct or contributing cause

Such shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of death attendance on the

to death.

prior

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MOS

death

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular attendance on the

(except where the physician who pronounced

was D.O.A. at a hospital

the body was released to the hospital by a medical examiner.

		BALTIMORE CITY	HEALTH DE	PARTMENT		
BIRT	H NO. 65 3018 E5 1000	CERTIFICA	TE OF	DEATH	Registered No	
	AME OF DECEASED	- CERTIFICATE			HOUR OF DEATH	12021
	o ar Print)	2 20100	101	17-	-0 -10G	037 110
3. 6	LACE OF DEATH IN SALTIMORE MARYLAND	awers (Robe	14 MISHAL R	ESIDENCE (Where	deceased lived. If inst	titution: residence before admission)
			A. STATE	B. COUNT	/ /)
	ULL NAME OF (If not in haspital or instituti	on, givo streot	Bal		rary land	
	NSTITUTION / / /	Balto. Inc.	C. CITY OR	TOWN (If outsi	do city limits, write RL	JRAL and give township)
3	inai Hospital of	Action The Aurice Auri	150	rltimor	E	16-03
CX.	Belvedere and Gr	eonspring Aux	D. STREET A		rol, give location)	F. 1 1.
_		15, Maryland	Sar		5-3604	Cadmandle ?
5. 5	, WIDO	VED, DIVORCED (specify)	B. DATE OF	BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days, Haurs Min.
1	hale (aucasian New	ver married	12-	5 65		96
	USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
don	during most of working lile, even if retired)	NONE	Cam	e as 3		U.S.A.
13.	NONE FATHER'S NAME	10010 6		S MAIDEN NAM	Ε	
	01 + 7		77	train.	VAA.	2 0
2.5	1102	vers	ra	tricia	KRAM	
(Yes	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) (II yas, give war or datas of service	1 6. SOCIAL SECURITY NO.	17. INFORMA	E A D	0	ADDRESS
	NO	None	Mede	cal Recu	ord.	Same AS 3
	18. 776 XI	CAUSE O	FDEATH			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			1 1		ONSET AND DEATH
	LEADING TO DEATH	(A) F	rema	turity		
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise				†	
	injury ar camplicalian which caused death.)					
	ANTECEDENT CAUSES	(B)				
	DISEASES OR CONDITIONS, if any, give					
	rise to the above cause (A) stating					
	UNDERLYING CONDITION lost.					
Z	11	With the				
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO					
CA	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	120 A. ASITO	OPSY? (Yes or No)	208 IE VES WERE EI	NDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	OK WHICH OFERAHON		5731: 1103 01 1103	IN CERTIFYING CAU	
E C	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C	WHERE DID	(If in Rollimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF	hame, farm, lactory, street, of	fice bldg., INJ	URY OCCUR?	tit iii soilinois	ony, give exact tocowon.
U	DEATH (natify modical examiner)					
EDI	21 D. TIME (Month) (Day) (Year) (Haur) OF INJURY	21E INJURY OCCURRED		HOW DID INJU	RY OCCUR?	
\$	(APPROX)	While At Not While At Wark				
	22. I certify that (I) (this haspital) attended	ed the deceased from	12-	- 3 10	65 to /	7-9 1065
	that (1) (we) last saw the deceased alive	1- 01		4 4		ian death accurred an the date
				*	III (IIIA) (GOLL) OBLIN	on death accurred on the date
	and haur and from the causes stated abave	v (ton blb) (bib) (ew) (ii)	iew the bad	y atter death.		

M.D. 23C. PHÝSICAN'S NAME (Type)

Attending Phys.

23 B. DATE SIGNED Stoff Phys.

23D. ADDRESS

(City, town, or county)

BURIAL CREMATION, REMOVAL (Specily)

24D. LOCATION

(Stoto)

6 25B. NAME OF REGISTRAR

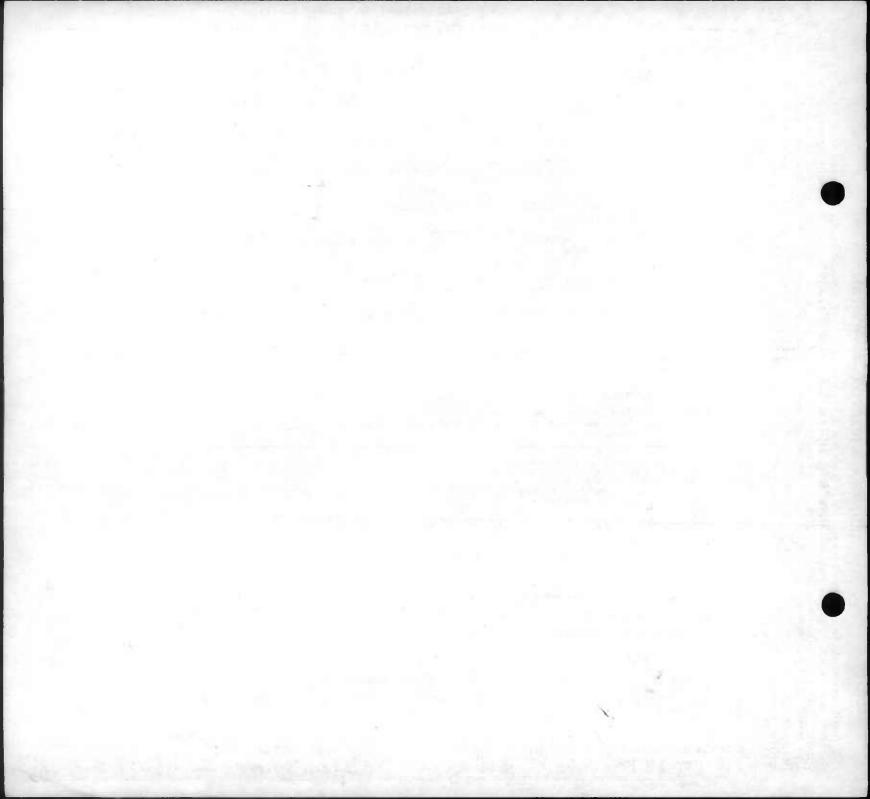
25C. FUNERAL DIRECTOR

Med. Director

ADDRESS

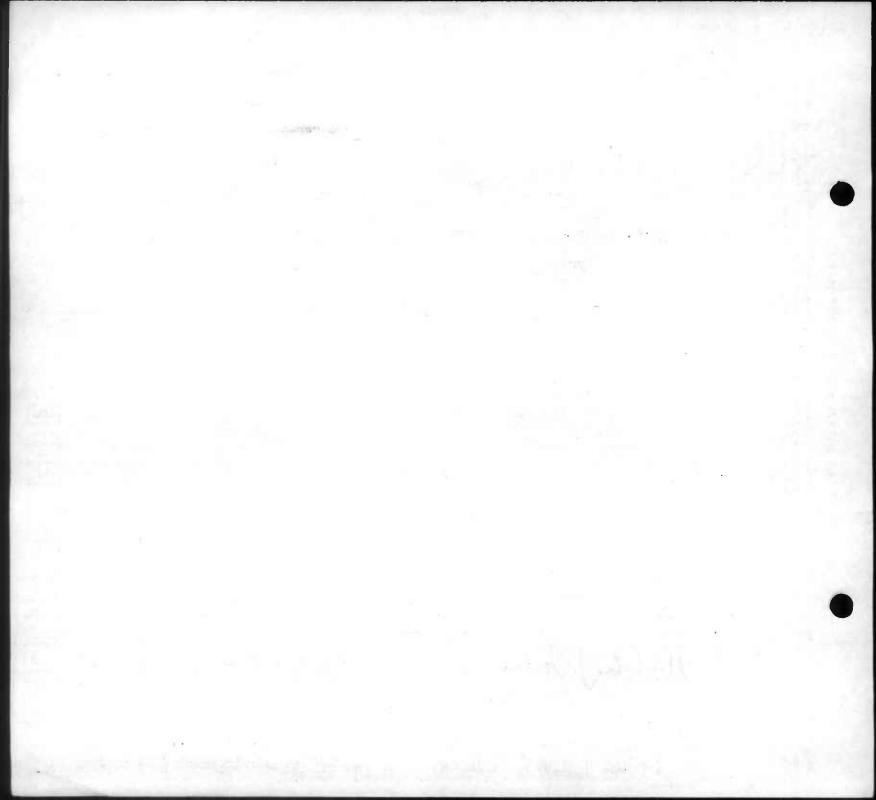
1965 3 VS 150-REV. 1/1/65

DEPT.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	HEALTH DEPARTMENT		
	RTH NO. 65 12628	CERTIFICA	TE OF DEATH	Registered No	05 40000
1	NAME OF DECEASED		2. DATE A	ND HOUR OF DEAT	H 00 12628
	JAMES CYR	US	4. USUAL RESIDENCE (Wh	9-65	5:15 P. M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COU	NTY	institution: residence before admission)
	FULL NAME OF (If not in hospital or institution oddress or location)	n, give street	MARYLAND	- BALTI	
	INSTITUTION THE JOHNS HOPKIN	S HOSPITAL	Areo Acres	(20)	e RURAL ond give township)
1	601 N. BROADWAY			f rurol, give location)	000
	BALTIMORE, MD 21	205	40 LEFTWI	NG DRIVE	
5		ED, NEVER MARRIED VED. DIVORCED (specify) ARRIED	8. DATE OF BIRTH 7-10-05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	DA. USUAL OCCUPATION (Give kind of work 10 B. KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
		o Agency	West Virgin	ia	USA
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	THOMAS Cyrus		LULA MC C	OMAS	
1 (1	5. Was Deceased Ever in U. S. Armed Forces? 'es,no or unknown)(If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	232 18 5344	Mary Cyrus	Same	
	18. 4 65 XI	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	21	Pulmanany E	moli	8 hours
	(This does not mean the mode of dying, e. heart failure, asthemia, etc. It means the disea		amand o		
	injury or complication which coused death.)	36,			
	ANTECEDENT CAUSES	DUE TO		************************	
	DISEASES OR CONDITIONS, if ony, givi				1,0167
	UNDERLYING CONDITION lost.	почина и и Фанции и и Фа	hà oann 62 40 440 n 2 000 00 00 00 00 00 00 00 00 00 00 00		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ING THE A-COLVID			
		R WHICH OPERATION	20A. AUTOPSY? (Yes or h	No) 20B. IF YES, WER	RE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		425	IN CERTIFYING C	CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltim	nore City, give exact location)
		TE INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
		While At Not While Work At Work			
	22. I certify that (I) (this hospital) attende	d the deceased fram	2.9	19 6 T to	12-9 1965,
	that (1) (swe) lost saw the deceased alive o	n /2-9	19 6 J ond 1	that in (my) (our) o	pinlan deoth occurred an the dote
	and hour and from the couses stated above	. (I) (We) (did) (did not) v	riew the body ofter deoth	•	
	23A. SIGNATURE	M.D. Atte	ending Med.	Stoff 🗇	23B, DATE SIGNED
	23C. PHYSICIAN'S	Phy	s. Med. Director 23D. ADDRESS	Phys.	12.9.60
	NICHOLAS J. FORTU			NS HOSPIT	AL-BALTO. MD
	4A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CR			(City, town, or county) (Stote)
	Burial 12/11/65	ak Lawn Cemeter	ev. D	altimore Co	(Maryland
7	SA. DATE REC'D BY HEALTH DEPT. 258. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO	2 /2 / A	ADDRESS ADDRESS
	DEC 13 1965 R. Com & E.	Farly MA	Brazdzinski	Juneral Hom	e 1407 Eastern Ave.
110	S 150-REV, 1/1/65				

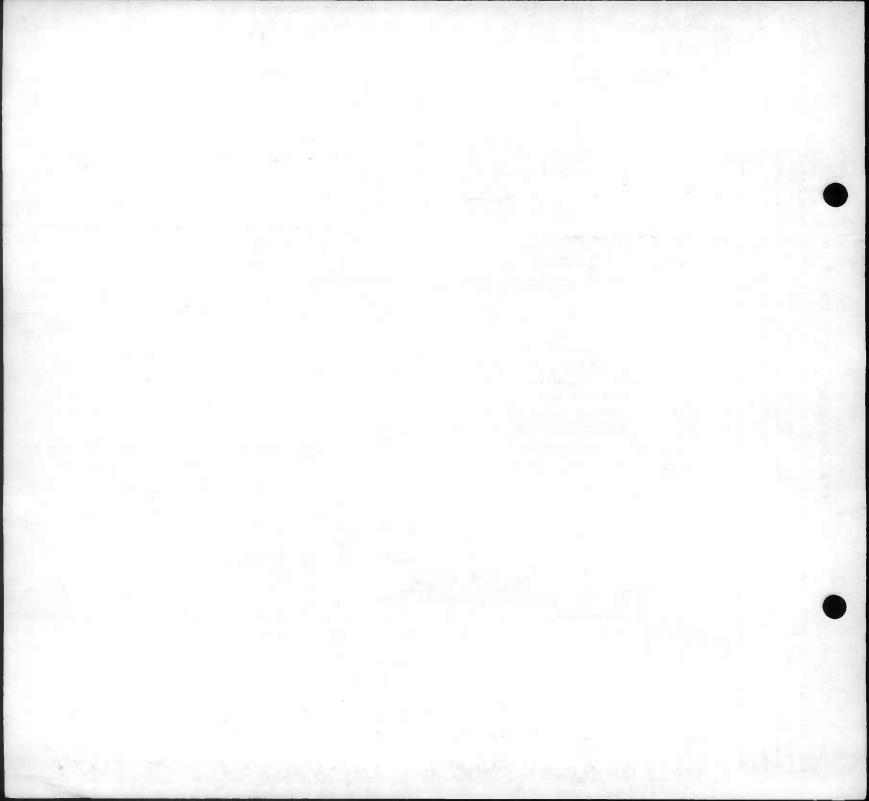


FUNERAL DIRECTOR: IMPORTANT

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Such

	1 (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		BALTIMORE CITY	HEALTH DEPARTMENT	,		11
BIRT	TH NO. 45-30220	12629	CERTIFICA	TE OF DEATH	Registered No	•	7
	E CASE NO,	JEGOT-CI	OEK TITO		D HOUR OF DEATH	5 12629	
	De or Print) Baby Girl	Tressler			8 65	1 9 72	A. M.
3.	PLACE OF DEATH IN BALTIMOR			4. USUAL RESIDENCE (When	re deceased lived. If		
				MA. B. COUN	Itimore	13.05	
	FULL NAME OF (If not in ho HOSPITAL OR address ar I NSTITUTION	spitat or institution, acotion)	give street			RURAL and give township)	
				Baltimore		5300	
3	1 Bultimore City	n Hospital		D. STREET ADDRESS (If	rural, give location)	31 yorkway	#22
5. 9	SEX 6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under	r 24 Hrs.
	FW	WIDOWE	D, DIVORCED (specify)	12/8/65	lost birthdoy)	Months Doys Hours	Min,
	USUAL OCCUPATION (Give kind	of work 108. KIND OF		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
don	e during mast of working life, even if re	enred)	_	Mary land		U.S.	
13.	FATHERS NAME	1		14. MOTHER'S MAIDEN NA	ME ,		
	Jack Treach	~		Peggie & pe	icei		
15. (Ye	Was Deceased Ever in U. S. Arm s,na ar unknawn) (If yes, give war	ed Farces? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	_		_				
	18.774 X I		CAUSE	DE DEATH		INTERVAL BETW	
	DISEASE OR CONDITIO					ONSET AND DE	A10
	LEADING TO DI		(A)	Immaturity			**********
	heart lailure, asthenia, etc. It injury or complication which c	neans the disease,					
	ANTECEDENT CA		(8)				
	DISEASES OR CONDITIONS		DUE TO				
	rise to the above couse		(C)				
	UNDERLYING CONDITION 10	st.					
z	11	CONTRIBUTION	6				
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	RELATED TO TH					
CA	19A. DATE OF OPERATION 198	CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERI	FINDINGS CONSIDERED	
CERTIFIC	-2 WA	SPERFORMED		Ves	IN CERTIFYING C	Yes OF DEATH?	
	21 A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O	ING 218	PLACE OF INJURY (e.g.,	in at about 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Baltime	ore City, give exact lacation)	
CAL	DEATH (natily medical examiner)	etc.		mice oldgi, misoki occok.			
MEDIC	21D. TIME (Month) (Doy)	(Year) (Haur) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
2	(APPROX.)	Wh	ile At Not Whi				
	22. I certify that (I) (this ha				19 65 to 9 55	9/12/65 19	
	that (1) (we) lost sow the de					pinlon death occurred on	
	and hour and from the couse				01 111(111)7 (0017 0		1110 0010
	23A. SIGNATURE	3 310160 00046. (17 (110) (010) (010 1101)	view the body offer deoffi.		238, DATE SIGNED	
	() P.	2 LD	M.D. Att	ending Med. Director	Staft Phys.	12/0/65	
	23C. PHYSIOLAN'S	mul	Phy	23D. ADDRESS	rhys.	101110	
	23C. PHYSIONN'S NAME (Type)	-	M.D.	h w	11 11		
244	JEVE Y	5mith		Buldimore C	יקרידן דיים	City town as a second	154-1
24/	REMOVAL (Specify)		, ,		OCATION (City, town, or county)	(Stote)
1	Julian	10-63 Ba	rdens of Frai	1	altimore	, maryland	r
25/	A. DATE REC'D BY HEALTH DEPT		OF REGISTRAR	25C. FUNERAL DIRECTOR	111 01/	ADDRESS .	
	DEC 13 1955 (P.	2 4 8 May	5 0 0	100 & Dun	delk-Nat	a Valourth	1
Λ2	150-REV. 1/1/65			4 100			



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	65 12630 BALTIMORE CIT	Y HEALTH DEPARTMENT
	H NO. CERTIFICA	ATE OF DEATH Registered No.
1. N	CASE NO.	2. DATE AND HOUR OF DEATH
	LACE OF DEATH IN BALTINORE MARYLAND JOHN T.	12-8-1965 82
. F	LACE OF DEATH THE BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence belore ed. A. STATE B. COUNTY
	ULL NAME OF (If not in hospitot or institution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)
	NSTITUTION	7
1		D. STREET ADDRESS (If rurol, give location)
_	MONTEBELLO STATE HOSPITAL	
5. \$	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) MARRIED ARRIED ARRIED ARRIED ARRIED ARRIED ARRIED ARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 3-19-19-14 If Under 1 Yr. If Under Hours
	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTR's during most of working life, even if refired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Meat cutter Grocery	FREDRICK, MD. U.S. A
13.	FATHER'S NAME	14. MOTHERS MAIDEN NAME
	CONTROLLES Edw. Joy	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (III yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		Mr. T. Edward Joy Frederick, Marylan
	137-1	OF DEATH INTERVAL BETWE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	3. Cump of Rooting 1 - + 3
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	Elyethetasas
	injuly of camplication which coused death.)	e Methetasis
	ANTECEDENT CAUSES (B) DUE TO	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
	UNDERLYING CONDITION lost.	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
4TIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
IFIC.	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT	2	yes No.
AL C	21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	in or obout 21C. WHERE DID (II in Boltimore City, give exact location) office bldg., INJURY OCCUR?
DIC	21D. TIME (Month) (Doy) (Yoor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ME	OF INJURY While At Not Wh	nile 🗀
	Work At Work	10 00 10 00
	22. I certify that (1) (this haspital) attended the deceased from	19 65 10 2 -8 - 196
	that (1) (ve) lost sow the deceased alive on	ond that In (my) (our) opinion death occurred on t
	ond haur and from the couses stoted above. (1) (Ne) (nd) (did not)	view the body ofter deoth. 23 B, DATE SIGNED
	1. 1. HT. 12 M.D. AI	Hending Mod. Stoll M
	23C. PHYSICIANS	23D. ADDRESS
	NAME (Type) 7 IN 4. PARK M.D	MONTERELLA STATE HOSDITA
247	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CI	
	Burial 12-11-1965 Fairmount Cemet	
25/	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	DEC 13 1965 Robert Enterhalm ()	Robert Et Dailey & Son Frederick, Md.
75	150-REV. 1/1/65	

-

Meat cutter

Grocery

XXXXXXXXXXX Charles Edw. Joy

xxxxxxxxxxx Mary Catherine Harp

Mr. T. Edward Joy Frederick, Maryland

Burial

12-11-1965 Fairmount Cemetery

Libertytown, Maryland

Robert E. Dailey & Son Frederick, Md.

executed

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather traumatic event, the

atified of once.

STATE OF MARYLAND

	REG. N	10. 6	5-	12	63
OF	DEATH	HTMOM	OAY	YEAR	2b HOU
		_	3010		m ~

1 DECEASED NAME FIRST MIDDLE LAST Nannie Kensett Reeder 3 SEX RACE S. DATE OF BIRTH J'ANNIH 21, 1885	December 9	10 110011
		, 1965 7:30A M
	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER LYEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN
76. BIRTHPLACE STATE OR FOREIGN COUNTRY? 8 MARRIED □ NEVER MARRIED □ WIDOWED ▼ DIVORCED □	Baltimore C	ity MD
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 101 Charlcote Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewife	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. CITY OR TOWN 136. ISSUE OF THE INSTITUTION OF THE INSTITUT	13e STREET ADDRESS 101 Charlcot	e Rd.
John Kensett Is MOTHER'S MAIDEN NA	M. MIOOLE	Dryden
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Coronary Thrombosis DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse ion, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	minal disease or condition	ON GIVEN IN PART 1/0
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCUP	200 AUTOPSY? 20 IN	IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
	RRED LENTER NATURE OF INJURY IN	ITEM 18, PART I ORPART 2)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a certify that (I) (this halpital) ottended the deceased from		ond haur and from the causes stated 22c. DATE SIGNED
226 ADDRESS D. King, M.D. 22e ADDRESS 222 Colds:		/ /
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY Burial 12/11/65 Greenmount Cem.	23d LOCATION CITY OR TOWN Baltimore.	COUNTY STATE

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

NAME Stewart & Mowen Funeral Home, 108 North Ave.

and the first the property ty

The second secon

Such

uo death.

attendance

regular

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prior

or final disposition is made.

are embalmed

MEDICAL

was D.O.A.

(APPROX)

	0	- 10000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH	NO. 6	5 12632	CERTIFICA	TE OF DEATH	Registered Na.	5 19099
	CASE NO.		CENTITION			20025
	or Print) JOSE PH	PETER CE	PURNO		0 65	12N00N M.
3. PL	ACE OF DEATH IN BALTI	MORE, MARYLAND		4. USUAL RESIDENCE (When		tution: residence before admission)
						25-60
		in hospitol or institutions or location)	n, give street	MARYLAND	tside city limits, write RU	Sal and sing towards
IN	NOITUTITE					KAL one give township)
1	10 ST AGN	ES HOSPIT	AL		rurol, give location)	
17	WILKEN	S & CATON	RALTO 29 MD	1803 CASADE	L AVENUE	
5. SE		7. MARRI	ED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	LE WHI	TE M.	ARRIED (specify)	3/30/87	78	Months Doys Hours Min.
IOA, I	JSUAL OCCUPATION (Give	kind of work 108, KIND	OF BUSINESS OR INDUSTRY	T1. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done	ETTRED TAIL		JFACT CO	LITHÚANIA		TICA
13. F	ATHERS NAME	010		14. MOTHER'S MAIDEN NA	ME	a. A. II
-	FORCE PE	(Q)		2		
		PURNO		ROSE		
15. W	os Deceased Ever in U. S. no or unknown) (If yes, give	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	NO V		216 05 027	9 ST AGNES H	IOSP RECORD	S
1	DISEASE OF CONE		CAUSE O		Jungs -	INTERVAL BETWEEN ONSET AND DEATH
	This does not mean the heart failure, asthenia, etc njury ar camplication whi	. 11 means the disea	.g., DUE TO	user of the essine Muyo infarction	andia 0	
	ANTECEDEN	T CAUSES	- Mil	use we mayor	urae a	
	DISEASES OR CONDITI	ONS if any air	De la company de	utarchim.		
1	ise la the abave co UNDERLYING CONDITIO	ause (A) stating		<i>V</i>	3 3 3 3 4 4 4 4 4 4 5 5 5 4 4 5 5 6 6 6 6 6 6 6	***************************************
-	- 11				·	
181	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO				
1	9A. DATE OF OPERATION	198. CONDITION FO	R WHICH OPERATION	20A-AUTOPSY? (Yes or No	208 IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
U 2	TA. ACCIDENT WAS UND	ERLYING	218 PLACE OF INJURY (e.g., in		(If in Boltimore C	City, give exact location)

DEATH (notify medical examiner 21D. TIME OF INJURY (Hour) 21 E. INJURY OCCURRED (Doy) (Yeor) While At

21F. HOW DID INJURY OCCUR? Not While At Work

22. I certify that (1) (this hospital) attended the deceased from

19 65 6 65 and that in (my) (aur) apinian death accurred an the date

and hour and from the cay stated abave. (1) (We) (dld) (did nat) view the bady after death.

Work

23A. SIGNATURE M.D. 23C. PHYSICIAN'S NAME (Type)

Attending Phys. Med. Director 23D. ADDRESS

OF CREMATORY

23B. DATE SIGNED

BURIAL CREMATION,

24D. LOCATION

Stoff Phy s.

(Stote) or county)

25A. DATE REC'D BY HEALTH D DEPT.

REMOVAL (Specify)

REGISTRAR

24C, NAME of

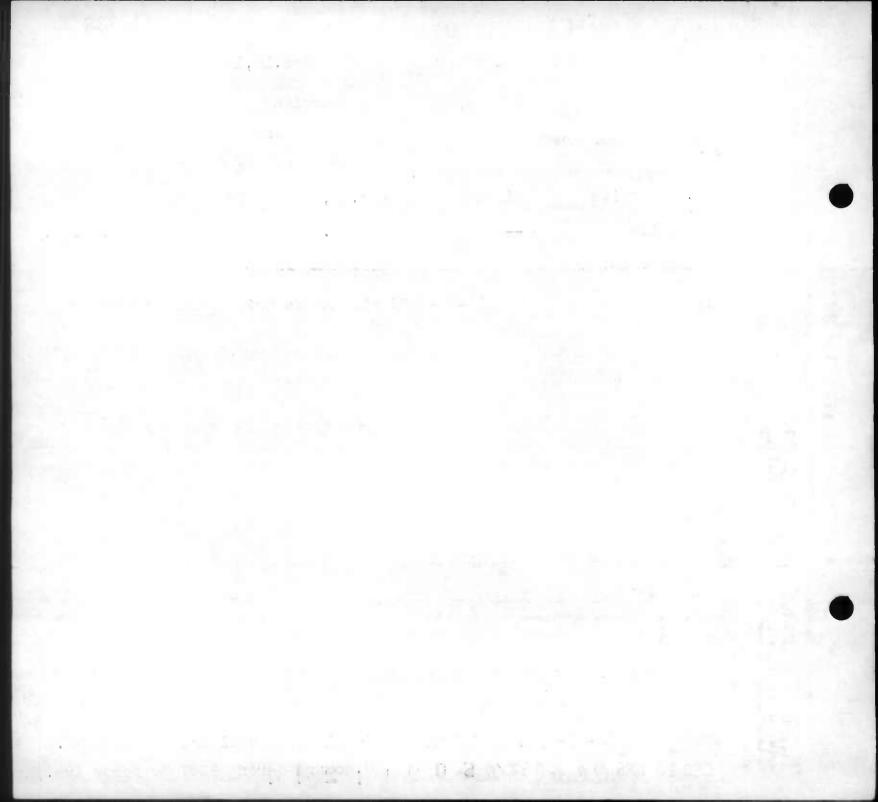
25C. FUNERAL

ADDRESS

500

1. 1-1	01				BALTIMO	RE CITY HEALTH	DEPARTMENT		0- 1
W-5	20	BIRTH NO.		65	12633 CERTI	FICATE O	F DEATH	Registered No.	00.17
P	+ 6 8 4 -	M.E. CASE 1			THE STATE OF THE	110/112		AND HOUR OF DEATH	
8	deatl ease n th Suc	Type or Prin		Ruth	Winchester			10,1965	-
hospital	± 000 €	3. PLACE O	F DEATH IN BALTI	MORE, MARYL	AND	A. USUA	L RESIDENCE (W	here deceased lived. If i	nstitution: res
O S D	000	FULL NA	AAE OE (If not	in hasnital as i	nstitution, give street	10.3101	Marylan		7
		HOSPITAL	OR oddress	or location)	isinonon, give sweet	C. CITY		outside city limits, write	RURAL ond
0			6 Upmano	r Road			Baltimo		
. <u>.</u>	r att prior	00	o opmano.	road		D. STRE		(If rurol, give location)	
9	de red	90		1-	MARRIED, NEVER MARRIE		OF BIRTH	anor Road	
Occurre	contributing termined ca regular at eased prior	5. SEX	6. RACE		WIDOWED, DIVORCED (sp	ecily)		lost birthdoy)	Months: I
	ermi regu sase is m	F'emal			Widowed	Mar.	16,1886	79	12, CITIZI
ŧ	n n on	done during m	ost of working life, eve		, кито от оботпеда ок п			oreign coomy,	WHA
+ D 0	Und Und as i		ewife				Va.		
A D	was	13. FATHER'S					HER'S MAIDEN N		
5 5	ire h H dis		lter Wrig				ddie Tay	lor	
ORTAN'		Yes, no or un	eosed Ever in U. S. known) (II yes, give	wor or dotes of	service) SECURITY N				1.0
RT Siss	キャタるに	no						Wright 106	Upma
0	any ced nda or	1B.	120.11			AUSE OF DEATH			li c
A Sis	of of te	10	ISEASE OR COND		TLY	Vandi.	- nochi	atori la	Recon
= 5	A o o E		oes not meon the	mode of dy		E TO	-120gol	varay 40	iewi
9. P.	pro lar		ilure, oslhenio, elc r complication whi				11-10	46/16	_ 1
CTOR:	A fractu vho pro regular		ANTECEDEN	CAUSES	(B)	Corona	my Ma	emplosis	e essy
5 5	A Why		ES OR CONDITI			12 4-1	767		1
DIRECTOR:	20 E		the obove co		oling the (C)	(Merio)	conour	Corona	Mar
5 5			11						7
AL DI	burns; bysicic n was remair	OTHER	SIGNIFICANT CON						
R E	5 0 5	DISEAS	E OR CONDITION	CAUSING IT.					
FUNERAL	- D 0 0 F	19A. DA	TE OF OPERATION	WAS PERFOR	ION FOR WHICH OPERATION	ON 20A.	AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	AUSES OF D
5		U 21A. AC	CIDENT WAS UND	ERLYING	21 B. PLACE OF INJU	JRY (e.a., in or obout	21C. WHERE DID	(tl in Boltimo	re City, give
T		OR CON	CIDENT WAS UND ITRIBUTING CAU (notily medical exam	SE OF	home, lorm, foctory,	street, office bldg.,	INJURY OCCUR?		
by	A N A	U			Hour 21E INJURY OCCU	RRED	21F. HOW DID I	NJURY OCCUR?	
0	hospita nature; ept whe d (6) No ained be	OF INJU	JRY		While At	Not While			
_ ^0	E 0 0 0			1 13	Work	At Work	1	10/11/19	Des
9 9					ttended the deceased fr	om July	65 ond	19 67 10 /4	9.800
0	0 0		(we) lost sow th			- Cy		that in (my) (our) ορ	inion deoti
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idence before admission) give township) If Under 24 Hrs. Hours : Min. EN OF U. S. A. ADDRESS nor Road NTERVAL BETWEEN CONSIDERED exact location) 1965 h occurred on the date SIGNED This certificate must the body was releas shows: (1) An accider was D.O.A. at a hosp deceased prior to d written approval m Attending Phys. Med. Director Stoff Phys. PHYSICIAN'S NAME (Type) 23D. ADDRESS YSON M.D. 460. 24A. BURIAL CREMATION, REMOVAL (Specify) al 12-13-1965 Baltimore National I REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Baltimor e Md. G. Howard Strong 3207 W. North VS 150-REV. 1/1/65



VS 151-REV. 1/1/65

	TH NO. E. CASE NO.	65 13	2634 MEDIO	CAL EX	SALTIMORE CITY HEA	CERTIFICA	ENT ATE OF	DEATH Registe	65 ered No.	12634
-	NAME OF DEC	EASED						AND HOUR PRONOUNC		
	PLACE IN BALT	I.	OEL	FRE BROMO	NICOLL	He sacual pre		ember 8, 1965		11:00 P M.
3. 1	LACE IN BALI	IMOKE MAKT	LAND, WH	EKE PKONOL	INCED DEAD	I A. STATE	farylan	d deceased lived. If ins	UNTY _	altimore
HO	LL NAME OF	(IF NOT IN ADDRESS	OR LOCAT	OR INSTITU	TON, GIVE STREET			tside corporate limits, writ		
IIV 3	4	A T		- 7			Baltimo		53	-6-1
4	10 51.	Agnes H	ospita	1 L				urol, give locotion) aftswood Road		
5. 5	SEX	6. RACE			NEVER MARRIED	B. DATE OF BI		9. AGE (In veots		1 Yr. If Under 24 Hrs.
1	Female	White		Marri	DIVORCED (specify)	1/6/4		lost birthdoy	Monms	Doys Hours Min.
	during most of v				BUSINESS OR INDUST		E (State or fo		12. CITIZI	EN OF T COUNTRY?
13.	FATHER'S NAM					14. MOTHER'S				
15.	Robert WAS DECEASE	W. Deli		FORCES?	116. SO CIAL	Mary E.			ADDRESS	26
(Ye	s, no or unknown)				SECURITY NO.			Nicoll III-10		-20
H	18./	7711			CAU	SE OF DEATH			77 021	INTERVAL BETWEEN
	(This does n heart failure, injury or con	E OR COND LEADING TO not mean the osthenio, etc. nplication which	O DEATH mode of It means to coused de	dying, e.g., the diseose, eath.)	(A) Mul	tiple Tra	umatic	Injuries.		ONSET AND DEATH
ERTIFICATION	DISEASES O	OR CONDITION OF CO	DNS, IF AN	IY, GIVING	(B)(C)					
FICA	TO THE	DEATH BUT	NOT RELA	ATED TO T			***************************************			
CERT	19A, DATE OF			ITION FOR	WHICH OPERATION		es	No) 208. IF YES, WERE FI		
MEDICAL	21A. EXTERNAL UNDERLYING DUTING CAU	OR CONTRIB-		home etc.)	PLACE OF INJURY (e.g., form, foctory, street, Parking Lo LE INJURY OCCURRED	office bldg., inst	aftswo	od and Robind		53-4
	OF INJURY (APPROX.)	12 8		p v	VHILE AT NO			an struck by	auto.	
	22.	tify that I hel	ld on Inc	quiry 🗌	Inspection A	utopsy	and that on	this bosis, death In	my opinlor	1
	resul	ted from: No	iturol cou	ses A	ccident X Suic		Icide 🗌	Undetermined monn		
	ACTUAL	1	7/		1/-			EXAMINER		DATE SIGNED
	SIGNAT		lau	45 1	Telly M.			EXAMINER X		12/9/65
	EXAMIN		Charle:	s S. Pe	tty, M.D.	ASSOCIATE	MEDICAL	EXAMINER		12/ 5/ 05
	MOVAL (Specify		DATE	23	C. NAME OF CEMETERY	or CREMATORY	231	D. LOCATION (City	, town, or o	county) (Stotel
	Burial	12	2/11/6	5	Mt. Olive Co	emetery		Baltimore, Md.		
24	DEC	1 3 1965	Relie	1 .m . ET	OF REGISTRAR		ing Bye	rs-8728 Liber		Randallstow

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Sing R. McGee

m. France 5. Madell III-1075 Criticond Mil.

Serial 12/11/69 St. Olive Constany Dalkings, Md.

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sistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased assistant if IMPORTANT or his FUNERAL DIRECTOR: the chief medical examiner

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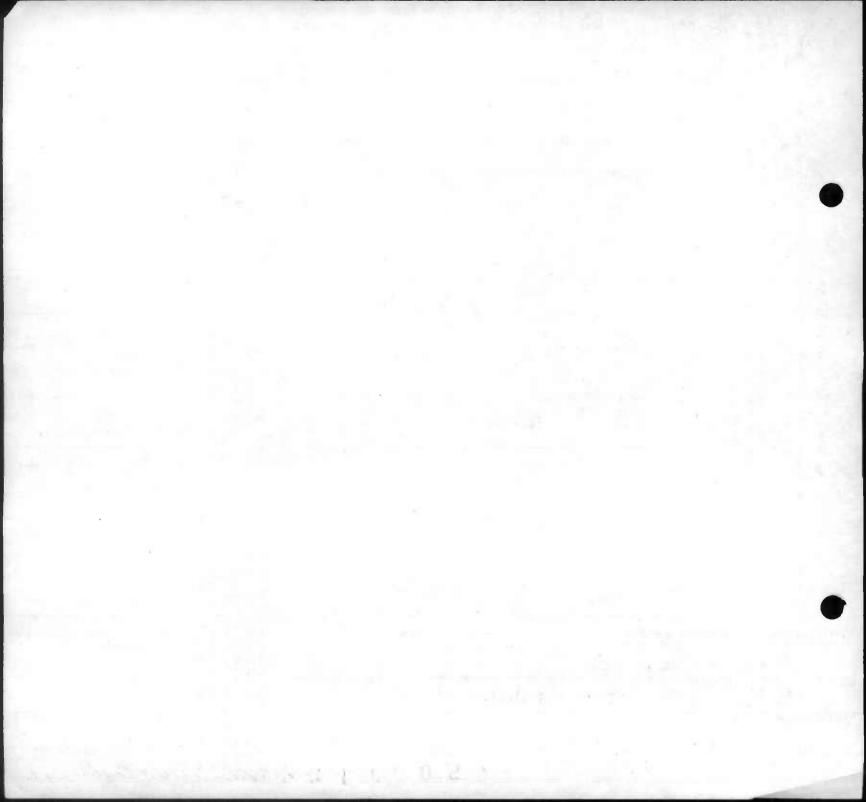
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occurred

BALTIMORE CITY HEALTH DEPARTMENT 12635 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) USUAL RESIDENCE (Where deceosed fived. If institution: residence before odmission)
STATE

B. COUNTY DEATH IN BALTIMORE MARYLAND MKINIANO FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospitof or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL 1000 01 d prior (If surol, give location) mad 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE 9. AGE (fn years If Under 1 Yr. If Und Months! Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) ost birthdoy luccio 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) antractor's Maryland 4511 Luborer 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME oshua rances 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (fff yes, give wor or dates of service) ADDRESS 6. SOCIAL final SECURITY NO. INTERVAL BETWEEN 20 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, regular injuly of complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) sloting the UNDERLYING CONDITION last. the remains Mas CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED FOCT 20 th ASCUD 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) ° MEDICAL DEATH (notify medicof exomine) 100 must be obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY While A Not While (APPROX.) NO At Work and 22. I certify that (4) (this hospital) attended the deceased from 19 that (4) (we) last saw the deceased alive an and that in (my) (aur) opinion death accurred on the date death) and haur and from the causes stated abave. (4) (We) (dld) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff Phys. Director deceased prior to written approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) SAIONTZ HENRY M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH Region

M.E. CASE NO.	741201	CALLA	AMINER 3 C	LKIIICA	IL OI DL.	A I I I wagish	8160 110		
1. NAME OF DECEASED	ROBERT		EARL I	RUTH		er 10, 19		8:05 A	
3. PLACE IN BALTIMORE, FULL NAME OF (IF I HOSPITAL OR AD INSTITUTION		AL OR INSTITU	TION, GIVE STREET	Me	DENCE (Where dece aryland WN (If outside co				
	morial H	ospital		D. STREET ADE	oress (If rural, give 515 Riggs		167	35	
	gro	Marr:		B. DATE OF BIR	0, 1919	9. AGE (In years lost birthday) 46	If Under Months, D	Yr. If Unde	r 24 Hi
tOA, USUAL OCCUPATION done during most of working li		TOB. KIND OF	BUSINESS OR INDUSTI	Va.	•	untry)	U.S.	COUNTRY?	
Henry Ru	th			14. MOTHER'S A		Molton			
15. WAS DECEASED EVER	IN U.S. ARMED		16. SOCIAL	17. INFORMANT	Lura	MOTION	ADDRESS		
Yes, no or unknown) (If yes, WW		s ol service)	SECURITY NO.	Flossi	e Ruth	2515 Ri	ggs Av	re.	
(This does not mee heart leiture, osthern injury or complication injury or complication of the complex of the c	NDENT CAUSE NDENT CAUSE NDITIONS, IF A E CAUSE (A) ST NDITION LAST. II T CONDITIONS BUT NOT REI ITON CAUSING TON 198. CON WAS PERI	dying e.g., the discose, deoth.) S NY, GIVING FATING THE CONTRIBUTING THE LATED TO T IT. DITION FOR V FORMED	OUE TO (8) DUE TO IC) NG HE WHICH OPERATION PLACE OF INJURY (e.g.	20A. AUTOPS	WHERE DID (If in	IF YES, WERE F CERTIFYING CAU	INDINGS CO	IN SIDERED	e.s
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BALTIMORE CITY HEALTH DEPARTMENT

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Flora 3. PLACE OF DEATH IN BALTIM	ORE MARYLAND		14. USUAL RESIDENCE (V	/10/65	If institution; residence	o before od-
			4. USUAL RESIDENCE (VA. STATE B. CO	UNTY		o beloto out
HOSPITAL OR oddress	n hospitol or institution, or location)	give street	Maryland	autaida aitu liada uut	7.00)
INSTITUTION 21 31 P	enna. Ave.		Baltimore	outside city limits, wi	ite KUKAL ond give	iownship)
(1)	J. 11.01		D. STREET ADDRESS	(If rurol, give location)		
G C			2131 Penn	a. Ave.		
Male Negro	o Marri		11/29/88	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 2
IGA, USUAL OCCUPATION (Give le done during most of working life, even	kind of work 10B, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or Marylan		12. CITIZEN OF WHAT CO	UNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN		0.5.4	•
15. Was Deceased Evol in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDI	ESS
(Yes, no or unknown) (If yes, give w	voi or dotes of service)	SECURITY NO.		Barren 2	VIE -	
No		CALLSE	Forrester OF DEATH	pryson 2.		AL BETWEE
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LEADING TO		(A) C'	ARDIO VASC	ULAR DIS	EASE	54
(This does not mean the heart failure, asthenia, etc.	made al dying, e.g.,	DUE TO	A. C.			
injuly al camplication whic	h caused death.)		44450 +	= 2/ 5/ 0.4/		5-4
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VS 150-REV. 1/1/65

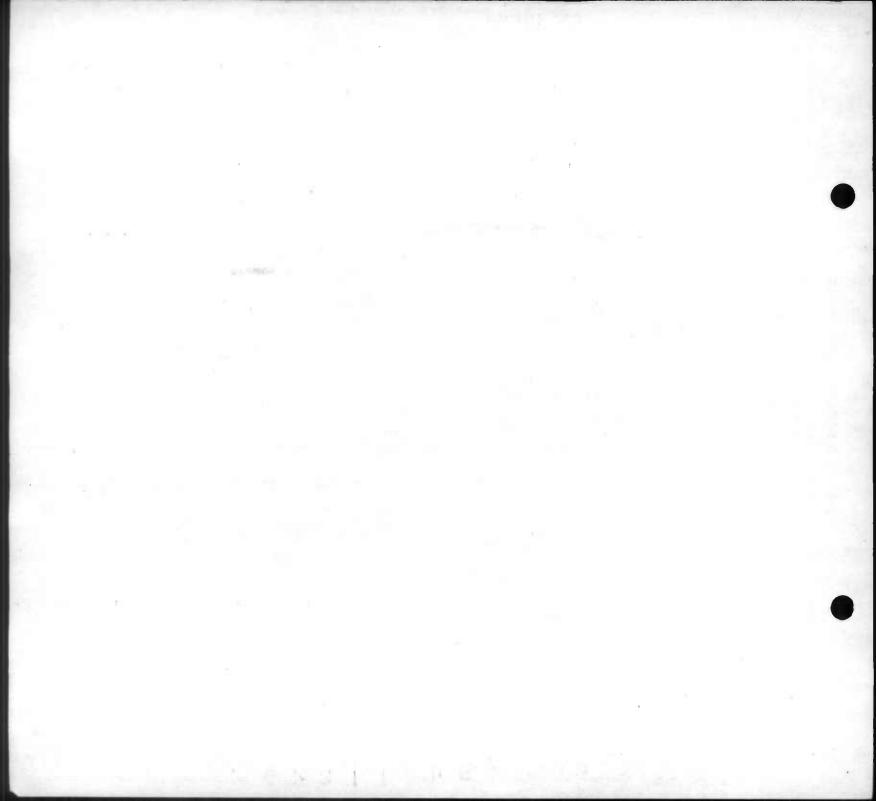
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

E CASE NO.	ECCASED -							
pe ar Print)	Robert Park	er			cember 9, 196			
PLACE OF E	DEATH IN BALTIMORE, MA					institution: residence before admission		
				A. STATE B,	COUNTY	14/		
FULL NAME	OF (If not in hospital R oddress or location	or institution, giv	e street		Maryland /4-0			
INSTITUTION					(If outside city limits, write	e RURAL and give township)		
20	Provident II			Baltimore	00 - 1 - 2 - 1 - 2 - 2 - 2			
27	1514 Divisi		t	D. STREET ADDRESS	(If rural, give location)			
	Baltimore,			1842 Penm				
SEX	6. RACE	7. MARRIED, N WIDOWED,	EVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Manths Doys Haurs Min.		
lale	Negro	Sepera		12/18/27	37			
	CUPATION (Give kind of wor			Y 11. BIRTHPLACE (Stote	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?		
	of working life, even if retired)	GRA LINE		Manufand				
FATHER'S N	al Worker		V 10 5 10 10 10 10 10 10 10 10 10 10 10 10 10	Maryland 14. MOTHERS MAIDE	N NAME	U.S.A.		
TAINERS IN	AME			14. MOTHER'S MAIDE	NAME			
Roy Par	rker			Elenoria V	Norris			
Was Deceas	ed Ever in U. S. Armed Fo	rces?	6. SOCIAL	17. INFORMANT		ADDRESS		
	wn) (If yes, give war ar dot	es di selvicei	SECURITY NO.	folia min	JIPI	, 418 N. Payson Se		
Y es	MMTT		0.41108	1g cur	1.10mm	- V		
1B. 3	73 X		CAUSE	OF DEATH		ONSET AND DEATH		
heort foilur injury or c	anol mean the mode of the control of	s the disease, d death.)	DUE TO	ente pulmo	navy edemo			
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the C deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

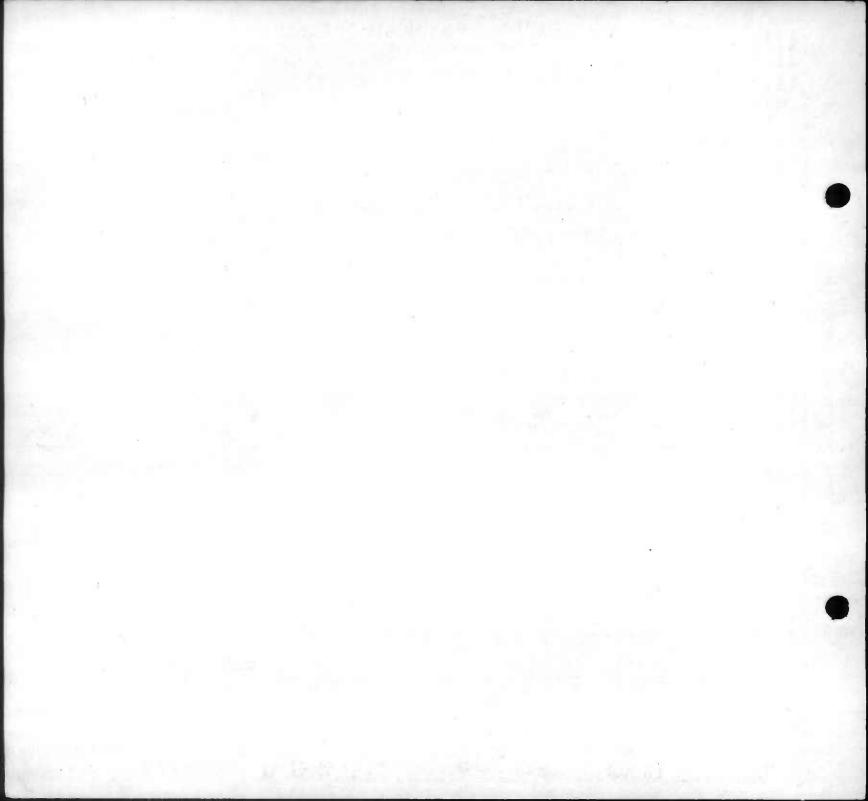
written approval must be obtained before the remains are embalmed or final disposition is made.

1965

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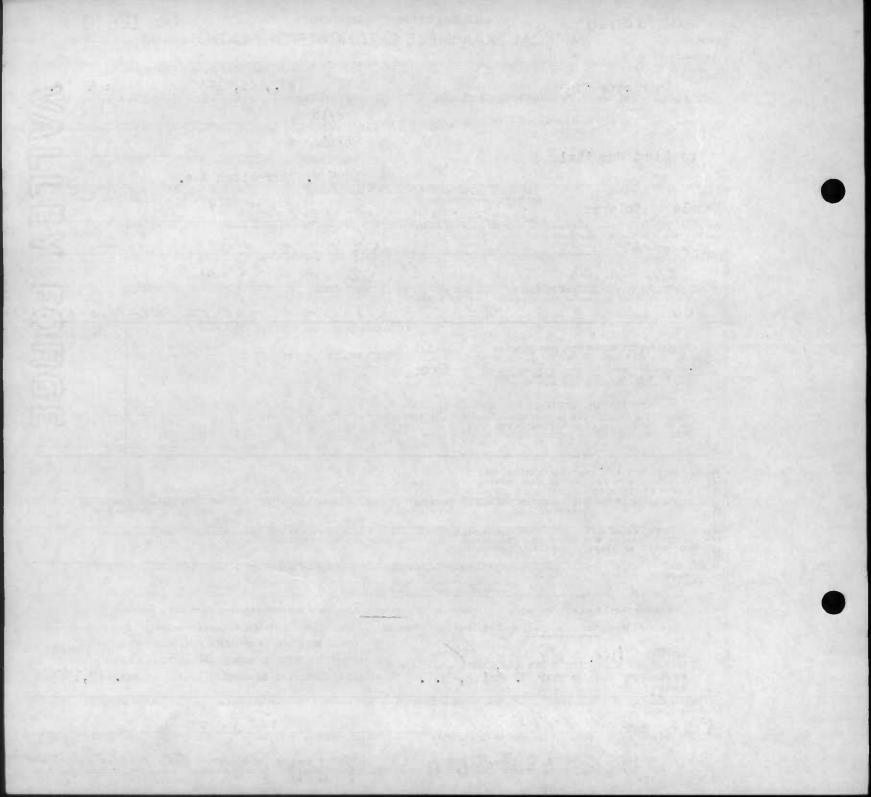
		BALTIMORE CITY	HEALTH DEPARTMENT			
BIRT	H NO. 65 12639	CERTIFICA	TE OF DEATH Registered No.			
	CASE NO.		2. DATE AND HOUR OF DEATH			
	e or Printle Clammie	T. VANCY	DEC 8-1965 3:00 PM			
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY			
F	ULL NAME OF (If not in hospital or institu OSPITAL OR oddress or location) ISTITUTION	tion, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
6	0		D. STREET ADDRESS (If rural, give location)			
1	623 W. FRANKE	IN ST	1623 WFRANKLIN St			
5. S	WID WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
103	USUAL OCCUPATION (Give kind of work 10 R. KIN	D OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
	during most of working life, even if retired)	+ Horse	GEORBIA MAT COUNTRY?			
12	ATHERS NAME	14014	14. MOTHER'S MAIDEN NAME			
1301	/		14. MOTHER'S MAIDEN NAME			
1	lames 1, Mo	rr,s	DALLY MORRIS			
15. V (Yes	Vos Deceased Ever in U. S. Armed Forces? ,no ar unknown) (If yes, give war or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
1	CO		JAMES R. MORRIS / (25 W FRANKLIN			
	1B. 1/22/1	CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ata a Depart			
	(This does not meon the mode of dying, e.g., (A) DUE TO					
	heart failure, asthenio, etc. It means the dis injury or complication which caused death.)	eose,	0 1 1 1 100 1			
	ANTECEDENT CAUSES	(B)	aray - Vorsula) your 18 mits			
	DISEASES OR CONDITIONS, if ony, giving					
	rise to the obove couse (A) stating UNDERLYING CONDITION last.					
	- 11					
ATION	DTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE DID (If in Boltimore City, give exact location) fice bldg., INJURY OCCUR?			
900	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
×	OF INJURY (APPROX.)	While At Work Not While At Work	•			
	22. I certify that (1) (this haspital) attended the deceased from					
	that (I) (we) last saw the deceased alive an Deceased alive an the date					
	and hour and from the causes stated above. (1) (We) (did) (dld not) view the body after death.					
		ve. (I) (We) (did) (dld nat) v				
	23A. SIGNATURE	A / a M.D. Atte	anding Med. Stoff			
	23C. PHYSICIAN'S	Phy	S. Director Phys. 12/10/6			
	NAME (Type Relph W. R	ecklin M.D.	you M (1 km) part 3km			
24A	BURIAL CREMATION, 24B. DIATE PERMOVAL (Specify)	4C. NAME of GEMETERY OF CRI	MATORY 24D. LOCATION (City, town) or county) (Stote)			
1	June 12/1/65	mo anh	Buts mi			

Rest 2 to Suite 6580Gumon St



BIRTH NO.

BIRTH NO. MED	DICAL EXAMINER'S	CERTIFICATE OF	DEATH Register	ed No
M.E. CASE NO.				
1. NAME OF DECEASED			D HOUR PRONOUNCE	1 000 -
Charlotte HUGHE			11, 1965	4:05 P. M.
3. PLACE IN BALTIMORE, MARYLAND,		A. STATE Maryland	B. COUI	
HOSPITAL OR ADDRESS OR LOCINSTITUTION	TITAL OR INSTITUTION, GIVE STREET CATION)	Baltimore	le corporote limits, write	RURAL ond give township)
Provident Hospital		D. STREET ADDRESS (If rurol	give location)	601
34		1005 N. Carro		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In yeors lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
Female Colored	SINGLE	2-11-1945	17	
IDA. USUAL OCCUPATION (Give kind of widone during most of working life, even if retired		TRY 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
MAEMP / mg 50		VEMORA	N.C	USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	,	
Unitrown		JOSEPHINE	MANGE	
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown), (If yes, give wor or do		17. INFORMANT	11	ADDRESS OUS NEGRECLTO.
Me		JUSE PHINE ,	HUGNES 1	OUS NIGRRECLTE
18.	CAU	ISE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY			ONSC! AND BEATI
LEADING TO DEA	(A)	Grand mal epileps	<u>y</u>	
(This does not meen the mode heart failure, asthenia, etc. It mea injury or complication which cause	ons the disease,			
injury or complication which coose	d deom.			
ANTECENDENT CAU	(B)			
DISEASES OR CONDITIONS, IF				
UNDERLYING CONDITION LAST	T. (C)			
<u> </u>	(0)			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSII TO THE DEATH BUT NOT I DISEASE OF CONDITION CAUSII TO THE DEATH BUT NOT I DISEAS	IS CONTRIBUTING			
DISEASE OR CONDITION CAUSI			**************************************	
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		
02 WAS P	ERFORMED	yes	YES	ES OF DEATH?
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218. PLACE OF INJURY (e.	g., in or about 21C, WHERE DID, office bldg., INJURY OCCUR?	(If in Boltimore City, giv	re exact location)
UNDERLYING OR CONTRIB-	etc.)	, office ordge, Helder Occor:		
21D TIME (Month) (Doy) (Y	eor) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	WHILE AT NO	OT WHILE WORK		
22. I certify that I held on		T97)	is bosis, deoth in m	
resulted from: Notural o	couses Accident Suice	_	Undetermined monne	•
ACTUAL 1100.	. 5	CHIEF MEDICAL EX		DATE SIGNED
SIGNATURE		.D. ASSISTANT MEDICAL E	P-7-19	
EXAMINER'S Werr	mer U. Spitz, M.D.	ASSOCIATE MEDICAL E	XAMINER	Dec. 12,1965
23A, BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETER	TY or CREMATORY 23D. I	LOCATION (City,	town, or county) (State)
REMOVAL (Specify)	×/65	-5	EMORA -	N.C
24A, DATE REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
The second strength set is				- P - CI
DEC 13 1965 A.O.	A B stockween o	man gar	0. Honges 65	SN. GILMET St
ME 151 DEM 1/1//5				0



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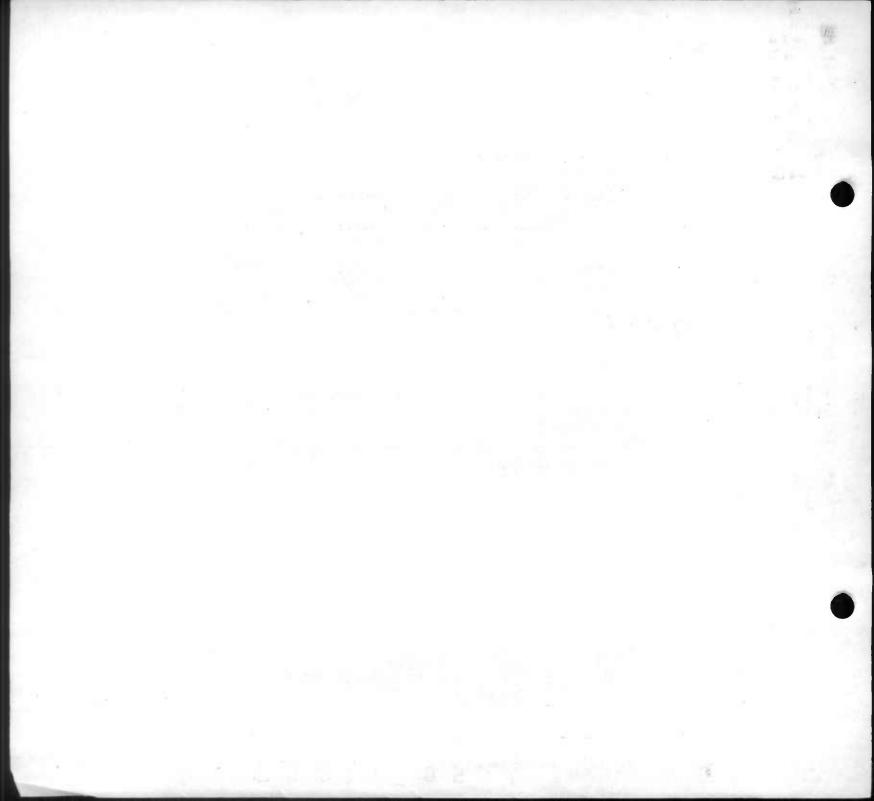
VS 150-REV, 1/1/65

Lau

25C, FUNERAL DIRECTOR

Zeiler Inc.

1901 Eastern Ave.



the body was released to the hospital by An accident of approval prior certificate at D.O.A. shows: (1) eceased M ds D

VS 150-REV. 1/1/65

Burial

24A. BURIAL CREMATION.

REMOVAL (Specify)

12-15-1965

24B. DATE

Oak Lawn

24C. NAME of CEMETERY OF CREMATORY

M.D.

Baltimore County, Maryland

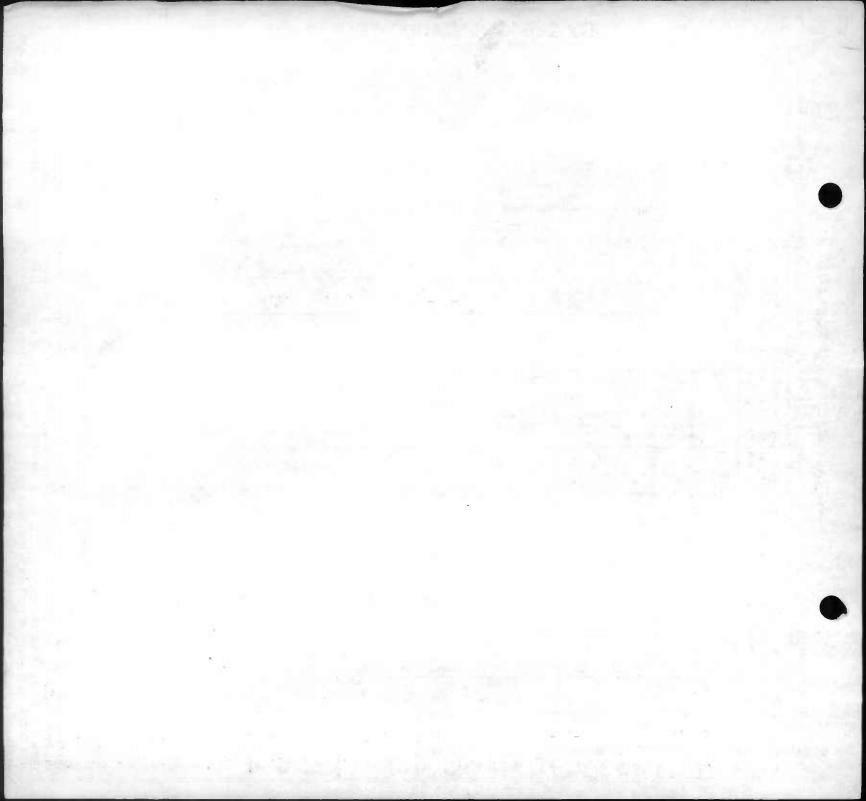
25C. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901 Eastern Ave.

Letter from Church Home and Hospital 12-17-65 M.H.

VS 150-REV. 1/1/65

1965

	BALTIMORE CIT	HEALTH DEPARTMENT		65 49044
BIRTH NO. M.E. CASE NO. 65 12643	CERTIFICA	TE OF DEATH	Registered No.	65 12643
1, NAME OF DECEASED			D HOUR OF DEATH	10 orter
KACHEL A. VILL	٤.		-10-65	12:40 A
. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	TY	nstitution: lesidence before admissi
FULL NAME OF (tf not in hospital or institution, HOSPITAL OR oddress or location) INSTITUTION	give sheet	C. CITY OR TOWN (II out	AND side city limits, write	RURAL and give township)
1 01		DALTIM	ORE	
37 MERCY HOSPIT	AL	D. STREET ADDRESS (III	ural, give facation)	
6. RACE 7. MARRIED WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)		ost birthdoy	If Under 1 Yr. If Under 24 I Months Doys Hours Min
OA, USUAL OCCUPATION (Give kind of work 108, KIND Cooper during most of working life, even if retired)		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE OWN H	lome	VIRCINA		
3. FATHERS NAME		14. MOTHERS MAIDEN NAM	AE	
Raymour III, malo		ALLES R	Bassa	
RAYMOND WINNER 5. Wos Decoused Ever in U. S. Armed Forces?	1 6. SOCIAL	HLICE B.	BROUGH	ADDRESS
Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.			
No	213-16-6019	William Dille	920 Ponc	a Street
18.422141260x	CAUSE	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) (indiae Itin	ed Arill	15 min
(This daes not mean the made of dying, e.g.	., DUE TO			
heart failure, asthenia, etc. It means the disease injury or camplication which caused death.)	,		0//	
	(8)	orystele AV	Storle.	3 hours
ANTECEDENT CAUSES	DUE TO	flat the transfer of the trans		
DISEASES OR CONDITIONS, if any, giving	i (c) A	inte bryoca	de al aufue	him a It know
UNDERLYING CONDITION last.		1		one and with the constructing to a selection of a selection to the All and All
11		1 0 /1.1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.	HE Stalin	eter Inellite	10 °	
19A. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED	Mary Control of the C	NO.	IN CERTIFIED CA	OSES OF DEATH:
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF ho DEATH (notify medical examiner)	me, form, foctory, street, o	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(tf in Boltimor	e City, give exact location)
O 21D. TIME (Month) (Day) (Year) (Hour) 21	E, INJURY OCCURRED	21F, HOW DID INJ	URY OCCUP?	
S OF INJURY	hite At Not Whi		DRI OCCOR.	
	ork At Work			
22. I certify that (I) (this hospital) attended	the deceased from	12:4:65	9 to [2-10- 196
	10 11.			
that (I) (we) last saw the deceased alive an		ond the	ar in (my) (our) ap	inian death occurred on the
and haur and from the causes stated above.	(I) (We) (did) (dld not)	view the bady after death.		
23A. SIGNATURE				238. DATE SIGNED
Blenk atachalam	M.D. Att	ending Med. Director	Stoff Phys.	12-10-65
23 C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	21 M	Ma. ilak	Let Lot	Sugare Md.
B. VENKATACHAL		1 they Hope	ATT I POLL	Throw it . and
24A. BURIAL CREMATION, 24B. DATE 24C. PREMOVAL (Specify)	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (C	ity, lown, or county) (State
	foreland Memori	al Park Balt	imore Cour	ty, Maryland
	OF REGISTRAR	25C. FUNERAL DIRECTOR	THOLE COUL	ADDRESS
		Lilly & Zeile	f Inc. 1	901 Eastern Avenu
DEC 13 1965 AR. D. TE. STORE	Chighlis 8 0	THETA OR GOTT	TITO T	Or Depositi Well



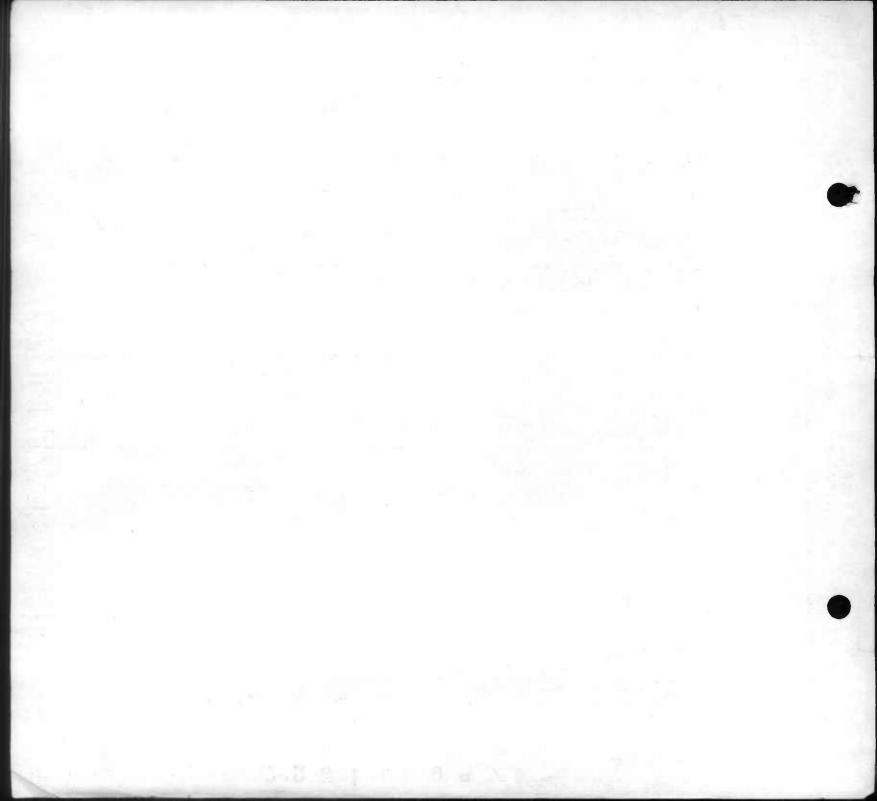
BALTIMORE CITY HEALTH DEPARTMENT 65 12644 Registered No. RESIDENCE (Where deceased lived, If institution, residence before gamession) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. 700 READEWOOD ROAD BEI Air Nd. 21014 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that (n (my)) (our) opinion death occurred on the date 23B. DATE SIGNED The Johns Hopkins Hospital (City, town, or county) Churchille, HarfordCo, Md. W. Broadway & CHAIAMS BEI Air Mà 21014 VS 150-REV. 1/1/65 Goseph william Foster

and the second state of th TART VENT And the second s

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	/	
BIRTH NO. M.E. CASE NO. 65 12645	CERTIFICA	TE OF DEATH	Registered Na.	5 1.2645
1. NAME OF DECEASED (Type or Print) FRANK J.	Fletcher	2. DATE A	8-Dac -65	8:50 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution: residence before odurission)
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location)	on, give street	C. CITY OR TOWN III OF		RURAL and give lawnship)
MARYLAND GENER	Al Hospital		rural, give location)	och Rd
5. SEY IS. BACE IT. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
MAla whit- wing	WED DIVORCED (specify)	6-7-00	lost birthdays	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND done during most of working life even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
1) - +	emicals	penna		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
John Fletchen		SARAh	Schof	F
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no opunknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
// 0	220-22-0083	CUIFE		SAME-
18.163X1	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	encume of	Lune	Oneyean
(This does not mean the made of dying, a heast failure, asthenia, etc. ft means the disec injury or complication which caused death.)	e.g., DUE TO	acceroma of	Pastain	
ANTECEDENT CAUSES	(B)	~~~~~~		
DISEASES OR CONDITIONS, if ony, giv				
rise Ia the above cause (A) slating UNDERLYING CONDITION fost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		+ 100 -	IN CERTIFYING CA	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
O 21D. TIME (Month) (Dov) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S OF INJURY (APPROX.)	While At Work Not While At Work			
22. I certify that (1) (this hospital) attende		:05-PM 28 Nou	19 65 to 8:50	8-Dec 1965.
that (1) (we) last saw the deceased alive	on 8 Dec	19 65 and th		nian death accurred an the date
and haur and fram the causes stated abave	e. (1) (We) (did) (dld nat) v			
23A. SIGNATURE &	101 -man AH	nding Med.	Stoff No.	8- Dec - 65-
23C. PHYSICIAN'S	Phy:	S. Director	Phys.	D Dec 00
NAME (Type) T. C. Cull	S MD M.D.	maryland,	General 1	Hospital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ty, town, or county) (Stote)
Durial 12/17/65 25A. DATE REC'D BY HEALTH DEPT. 25B. NAN DEC 12 1065 A) 0 5 9	Emory Cenetery	25C. FUNERAL DIRECTO		Maryland.
VS 150-REV. 1/1/65	5500	How Ond S.	d Comas Sor	Abingdon, Md.,



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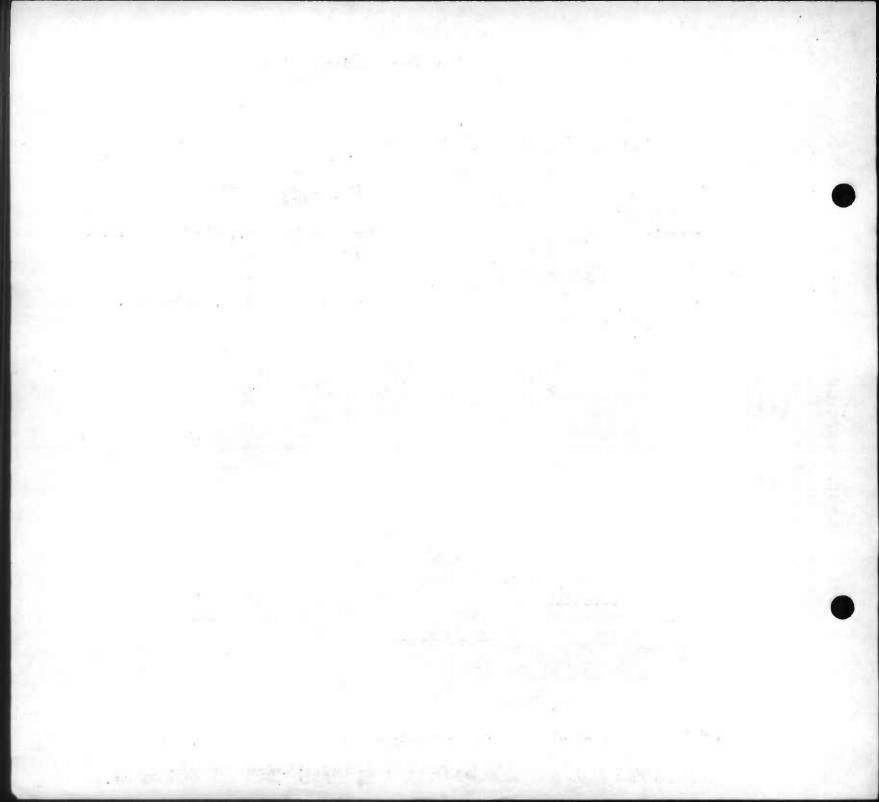
examiner.

dical

IMPORTANT assistant DIRECTOR: chief medical FUNERAL the by

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) (Mary Jane Watkins 6 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY ON TOWN city limits, write RURAL and give D. STREET ADDRESS (M-surel, give location) 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BARTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 6. RACI Hours WIDOWED, DIVORCED (specify) 12. CITIZEN OF 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY foreign country disposition done during most of working life, even if retired) Northumberland Co. . Virginia U.S.A. Domestic 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed ADDRESS forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Lovey Jones - 617 N. Fulton Ave. No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injuly at complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the obove couse (A) stoling the UNDERLYING CONDITION lost. the remains ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ü 21A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc. MEDIC obtained 21 D. TIME 21E. INJURY OCCURRED 21E HOW DID INJURY OCCUR? (Month) (Dov) (Year) (Hour) OF INJURY Not While While At (APPROX) Work At Work 12-9 19 65 12 - 922. I certify that (Mithis hospital) ottended the deceased from 12 - 919 65 that (1) (we) lost saw the deceased alive on... pe and that in (my) (our) opinian death occurred on the date and hour and fram the couses stated obave. (1) (We) (dld) (did not) view the bady ofter death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff M.D. Director Phys. Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type The Johns Hopkins Hospital Michael L. Davis 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) decease Burial

Baltimore, Maryland Arbutus Memorial Park 258 NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Charles R. Law 802 Madison Ave.



Such

prior to death.

		BALTIMORE CITY	Y HEALTH DEPARTMENT	65 12647
BIRTH NO.	65 496A7	CERTIFICA	TE OF DEATH Registered N	o. OU TRUTE
M.E. CASE N		-	2. DATE AND HOUR OF DEAT	TH
(Type or Print	· · · · · /	Dimpson	9 Dec 1965	1/120 P.
3. PLACE OF	DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived, III A. STATE B. COUNTY	f institution: residence before admission)
FULL NA	ME OF (If not in hospital	or institution, give street	Md.	12-02
HOSPITAL	NO			Ie RURAL and give township)
2 51	nai Hospital	of Bult, more	D. STREET ADDRESS (If ruiol, give locotion)	
			3501 St. Paul St.	21218
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female		Widowed	May 18,1900 65	
	OCCUPATION (Give kind of work ost of working life, even il retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ewife		Baltimore, Md.	U.S.A.
13. FATHER'S		1	14. MOTHER'S MAIDEN NAME	3 80 8 7 8
	Charles Pr	rice	Eva Buckman	
15. Wos Dec	eased Ever in U. S. Armed For (nown) (If yes, give wor or dote	s of service) 16. SOCIAL SECURITY NO.	Stone Mill Annandal Mrs.Florence Strauss S	e Rd. New Jersey
18. 4	20:11	CAUSE C	DF DEATH	INTERVAL BETWEEN
D	ISEASE OR CONDITION DIR	ECTLY	1 1 1 1 1 1	ONSET AND DEATH
	LEADING TO DEATH	(A)	entoicular (1601, lastice	1 /5 min
	pes nat mean the made of livre, asthenia, etc. It means	the disease.	× 0	
injury o	camplication which caused	death.)	te Myocardial Infarct	- of 16 mm
	ANTECEDENT CAUSES	DUE TO	. 1/	
rise la	ES OR CONDITIONS, if the abave cause (A)		viosclevotic Pandiovascular	disease
UNDER	LYING CONDITION last.			
7	II			15 1111
E TO TH	SIGNIFICANT CONDITIONS C IE DEATH BUT NOT RELA	TED TO THE		
	OR CONDITION CAUSING I	T. DITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B, IF YES, WE	PE FINDINGS CONSIDERED
19A. DAI	WAS PERF		IN CERTIFYING	CAUSES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF Inotify medical examined	21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)	in or obout 21C. WHERE DID (If in Baltin ffice bldg., INJURY OCCUR?	nore City, give exect lecetion)
21 D. TIM	E (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	27
E (APPROX		While At Not Whi Work At Work	le	
22 1	esión shas (Kishin hannisal) ottended the deceosed from	20 11-1	9 Dec 1965
	(we) lost saw the decease	0 7-	-	_
		ed obove. (I) (We) (did) (did not)	view the body ofter death.	opinion deoth occurred on the dot
23A. SIGI			The state of the s	23 B. DATE SIGNED
4	Coloner Mobber	M.D. All	Med. Staff Phys.	9 Dec 65
23C/PHY	SICIAN'S ME (Type)		23D. ADDRESS	
6	Soloman Robb.	M.D.	Sinai Hospital	
24A. BURIAL	CREMATION, 248, DATE	24C. NAME of CEMETERY OF CR		(City, town, or county) (State)

VS 150-REV. 1/1/65

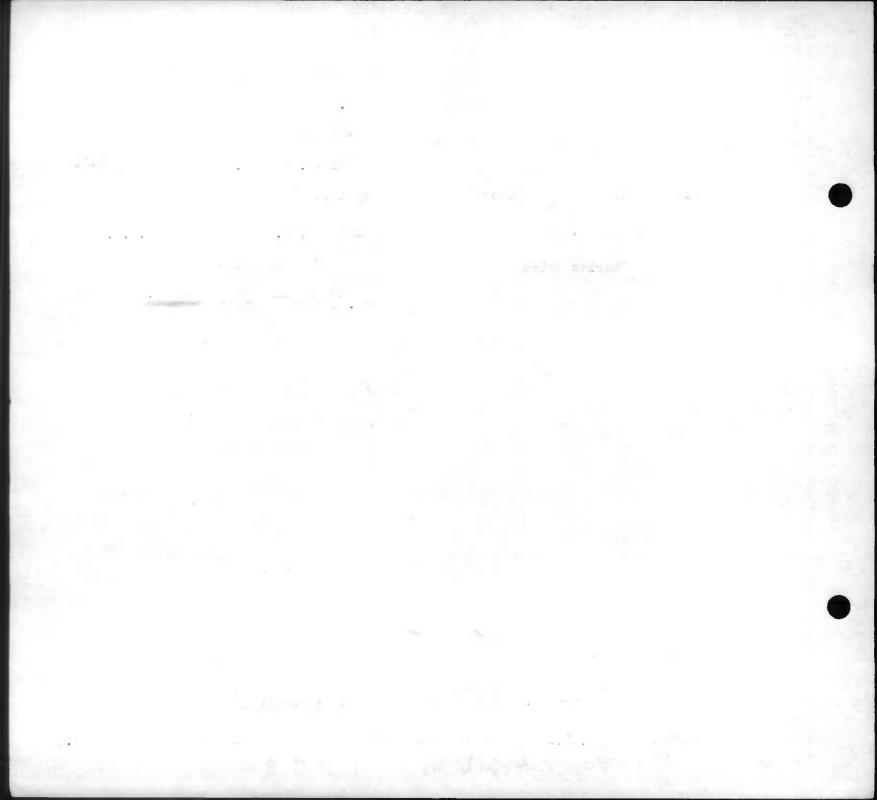
Burial Dec. 12, 1965 Hebrew Friendship

25A. DATE REC'D BY HEALTH DEPT. | 25B. NAME OF REGISTRAR

DEC 13 1965 P. L. B. 2 Folking | 25C. FUNERAL DIRECTOR

Md.

Baltimore



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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TANI	istant he dir kind; (death ce on nal dis
APOR	his ass io, if t fany	endan d or fi
FUNERAL DIRECTOR: IMPORTANT	er or Als	ar att balme
ECTO	xamir kamin A fra	who regul
DIR.	dical e ical ey ns; (3)	sician vas in nains o
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	ed by hospite ature;	by wh (6) N ined b
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	ody we	was D.O.A. at a hospital (except where the physician who pronounced death was in regular of deceased pridecased priper approval must be obtained before the remains are embalmed or final disposition is made.
	This c	was L decea writte

NAME OF DECEASED THE STATE OF CONDITION DIRECTLY EVEN DECEASE OF				BALTIMORE CITY	HEALTH DEPARTMENT		05
NAME OF DECEASED DOCUMENT DOCUMENT 20 NAME NAM	BIRTH NO.	65 1264	18	CERTIFICA	TE OF DEATH	Registered N	65 12648
USUAL RESIDENCE (Where deceased lived. II institutions residence before admission) Control of the hospital or institution, give sheed and of the control			9	Elliott			200
HALL MANE OF MADE IN CONTRIBUTION OF UNION CAUSES OF COORDING DEATH OF THE POPULACION CAUSE OF CONTRIBUTION OF THE POPULACION CAUSES OF CONTRIBUTION OF CONTRIBUTIO	3. PLACE OF DE				4. USUAL RESIDENCE (W	here deceased lived. I	f institution: residence before admission)
Wesley Home Inc. 2211 Rogers Ave. Baltimore, 9, Md. SEE MARKEE P. MARKEED P	HOSPITAL OR		or institution,	give street	Md.	154	27-/5- ite RURAL ond give fownship)
2211 Rogers Ave. Baltimore, 9, Md. D. STREET ADDRESS (III united, give location) 5. STREET ADDRESS (III united, give location) 5. STREET ADDRESS (III united, give location) 5. STREET ADDRESS (III united, give location) 6. BACE 7. MASREED, NEVER MARRIED 7. MASREED, NEVER MARRIED 8. DATE OF BIRTH 9. SARE OF CONDITION DIRECTLY 1. LEADING TO BEATH 1. DETO 1. DATE OF BIRTH 1. DATE OF BIRTH	D	Wesley Home	Inc.		Baltimore		
Single Single Jan. 10. 1885 AND USUAL OCCUPATION (Give lind of warfillog) Jan. 10. 1885 BAU USUAL OCCUPATION (Give lind of warfillog) Jan. 10. 1885 B	0			altimore,9,Md			Tue Balto. 9, Ma
Baltimore, Md. Baltimore, Md. Baltimore, Md. Baltimore, Md. Baltimore, Md. U.S.A. FATHERS NAME Charles P. Bliott Charle	Female	White	Sin	D, DIVORCED (specify)	Jan.10.1885	lost birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
Charles P. Siliott Was Dareased Eve in U. S. Armed Foren? Est. No. Dareased Eve in U. S. Armed Foren? Est. No. Dareased Eve in U. S. Armed Foren? Est. No. Dareased Eve in U. S. Armed Foren? Est. No. Dareased Eve in U. S. Armed Foren? Est. No. Dareased Eve in U. S. Armed Foren? Est. No. Dareased Eve in U. S. Armed Foren? Est. No. Dareased Eve in U. S. Armed Foren? Est. No. Dareased Eve in U. S. Armed Foren. Est. Dareased Eve in U. S. Armed Eve eve of Gots of Service) Est. Dareased Eve in U. S. Armed Eve eve of Gots of Service) Est. Dareased Eve in U. S. Armed Eve eve of Gots of Service) Est. Dareased Eve in U. S. Armed Eve eve of Gots of Service) Est. Dareased Eve in U. S. Condition Controlled Interest Eve eve of Death Interest Eve			k 10B. KIND OI	F BUSINESS OR INDUSTRY		111	WHAT COUNTRY?
1. ADDRESS SECURITY NO. 219-20-9670 Wealey Home Inc. 2211 W. Rogers Ave. 9	13. FATHER'S NA	ME	1		14. MOTHER'S MAIDEN N	IAME	
Security Ho. 1 1 1 1 1 1 1 1 1		Charles P.Ell	iott		Amelia Pari	rish	
18.							ADDRESS
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REMOVAL (Specify)			BENAB	M.D.	1531 E North G	be Ballin	oie Md 21213
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BALTIMORE CITY HEALTH DEPARTMENT 65 12649 Registered No._ BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print) December 10, ALICE ESTELLE SOUDERS 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B. COUNTY Maryland HOSPITAL OR oddress or location) 12-16-65 C. CITY OR TOWN (If outside city limits, write RURAL and give township Baltimore - 21218 1762 Gorsuch Avenue D. STREET ADDRESS (If rural, give location) 1762 Gorsuch Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys 8. DATE OF BIRTH If Under 24 Hrs. Hours Min. Hours WIDOWED, DIVORCED (specify)
Married last bighday) 6, Female White May 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Housewife USA at Home Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Howard. Beatty Ella Burgan 15. Was Deceased Ever in U. S. Armed Foices? (Yes, no oi unknown) (If yes, give woi oi dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. John A. Souders - 1762 Gorsuch no INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, lo the above cause (A) stating the UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Day) (Year) (Hous) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 1965 that (I) (we) last saw the deceased alive on... ond that in (my) (our) apinion death occurred on the date and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Stoff Phys. Director _ Phy s. 25 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Conrad Richter 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)

12/13/65 Burial Cemetery Parkwood Baltimore, Maryland 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR H. Sanden & Sons, Inc., Balto., VS 150-REV. 1/1/65

the Life of the Co. E.C.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased if the direct or contributing cause deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made. was in regular FUNERAL DIRECTOR: IMPORTANT death was D.O.A. at a hospital (except where the physician who pronounced Also, the body was released to the hospital by a medical examiner.

attendance on the to death.

	ктн но. 65 12650	CERTIFICAT	E OF DEAT	H Registered N	4a. 65 126	50
1. N	E CASE NO.	. Kemler		TE AND HOUR OF DEA	ATH 7:4	. 5
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4.	STATE B.	COUNTY	If institution: residence before	odmis
-	FULL NAME OF (If not in hospital or institution, give streem oddress or location) INSTITUTION		CITY OR TOWN	(If outside city limits, with the last of	rite RURAL and give township)	
4	o Frankin Square	D	STREET ADDRESS	(If rural, give location)	V AVE.	
5. S	SEX 6. RACE 7. MARRIED, NEVER WIDQWED, DIVO	RCED (specify)	DATE OF BIRTH	9. AGE (In years lost birthdox)	If Under 1 Yr. II Und Months Doys Hours	ler 24
	A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE ne during most of working life, even if retired) Retired	ESS OR INDUSTRY 11.	MARRYL.	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	7
13.	Charles KEmler	14,	MOTHER'S MAIDE			
(Yes	Was Deceased Ever in U. S. Armed Forces? 16. SOC SEC SEC NO 219 05	CURITY NO.	Thomas 1	,	1637 C/18/10	m
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25A. DATE REC'D BY HEALTH DEPT.

DEC 13 1965 3/65 Oak Lawn 1258. NAME OF REGISTRAN

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Baltimore Maryland

25C FUNERAL DIRECTOR ADDRESS
Henry Sander & Sons Inc. Balto.

VS 150-REV. 1/1/65

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				BALTIMORE CITY	HEALTH DEPARTMENT		
۸. ا	TH NO.	65 1	2651	CERTIFICA	TE OF DEATH	Registered Na.	3.70002.
. N Typ	DE OF DECE	ASED	ALEXNORI	NA FIORE	or Fiora Decen	nber 10 1	
. 1	PLACE OF DEA	TH IN BALTIA	ORE MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceased lived. If i	nstitution; residence before admission)
1	FULL NAME OF HOSPITAL OR NSTITUTION	F (If not i	n hospitol or institut or location)	on, give sheet	Maryland	side city timits, write	RURAL ond give township)
1	dia.	600 F	Biddle S	-	Baltimore		
/	0	009 8.	Diddie 9	•	609 E.Biddle	uiol, give focotion)	
	Female	6.RACE White	WIDO	HED, NEVER MARRIED (Specify)		ost birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
ØÀ		PATION (Give	kind of work 10B. KINE		11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?
	asting			Lor Shipop	Tortoreto It	taly	Italy
	FATHERS NAM				14. MOTHER'S MAIDEN NAM	ΛE	
	Frances				Pasqua Forti	ına	
5. Ye:	Was Deceased s, no or unknown)	(If yes, give	Armed Forces? wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			219-03-201	O Emidio Fiore	e 609 E.B	iddle St.
	(This does n	LEADING TO	made al dying,	e.g., DUE TO	teriosclero eardio Vase	otio	INTERVAL BETWEEN ONSET AND DEATH
	injury ar cam	plication whi	If means the dise ch coused death.)		_4/4/10/436	with the	3643
		ANTECEDENT		DUE TO	***************************************		
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ERTIFIC	19A. DATE OF	OPERATION	198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAU	SE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n oi obout 21C. WHERE DID flice bldg., fNJURY OCCUR?	(If in Boltimo	re City, give exact location)
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	that (1) (we)	lost saw the	e deceased alive	on Dec. 3	19.6 ond the	of In(my) (oor) op	inion death occurred on the dot

ond hour and from the couses stated above. (1) (46) (did not) view the body after death.

23A. SIGNATUR

M.D. 23 C. PHYSICIAN'S NAME (Type)

Attending Phys. Med. Director 23D. ADDRESS

Stoff Phys.

23B, DATE SIGNED

Wm. H. Kammer Jr.

M.D.

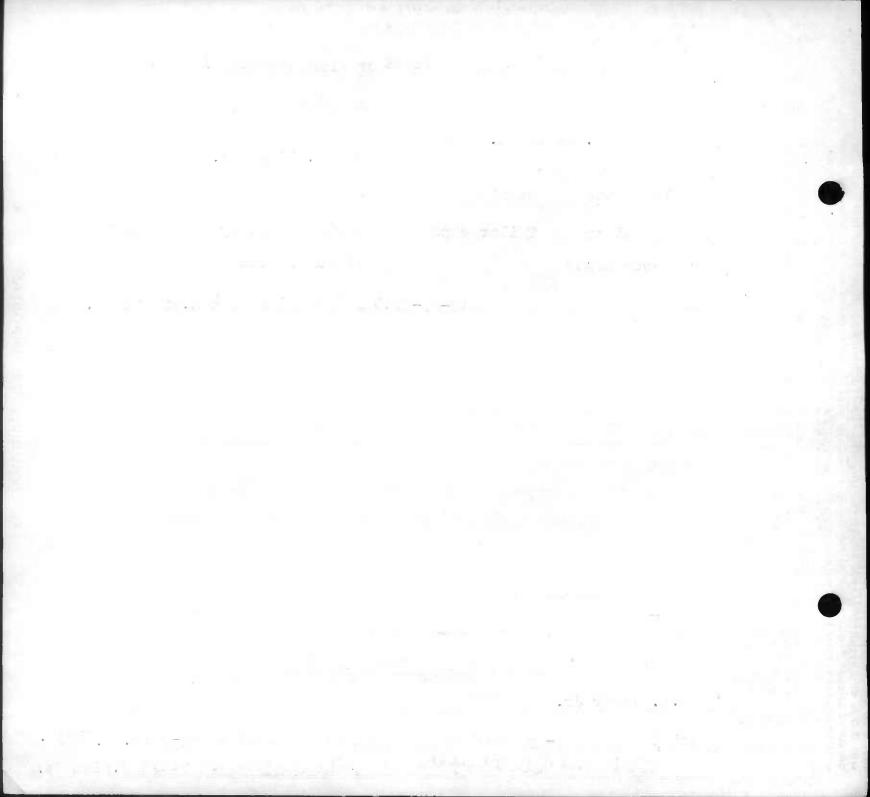
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATOR

24D. LOCATION

(City,

12/14 HEALTH DEPT. 13 1965 -Balt.Md 21234. Burial 25A. DATE REC'D BY 65 Moreland Memorial
258. NAME OF REGISTRA S. High St. WO-0322

VS 150-REV. 1/1/65



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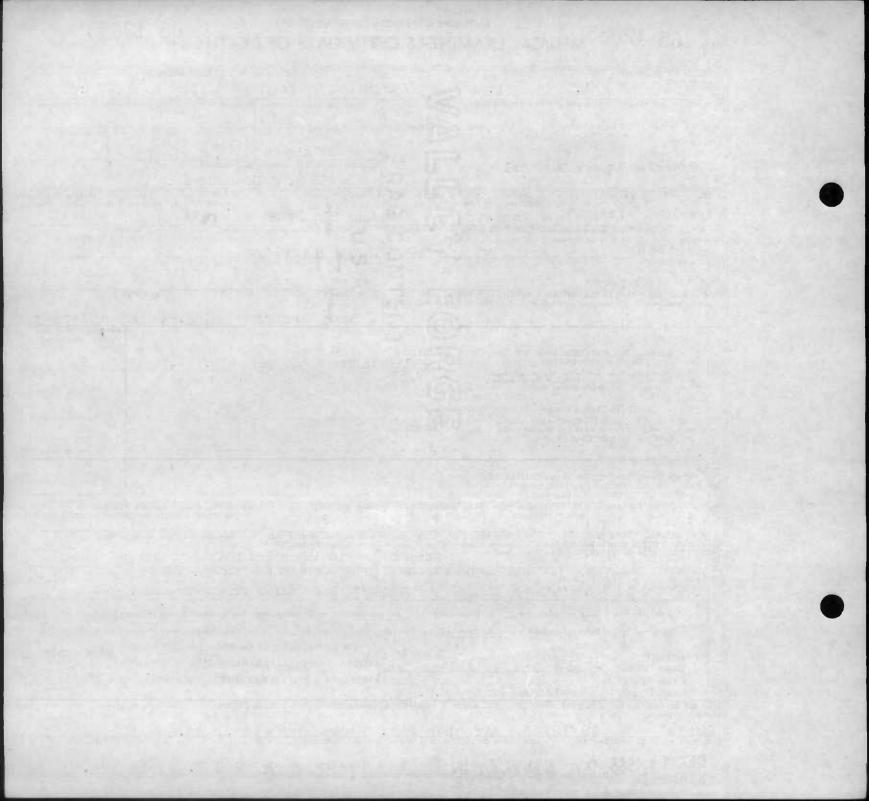
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

		100F A	BALTIMORE CITY	HEALTH DEPARTMENT	0	E 40054
	BIRTH NO. M.E. CASE NO.	12654	CERTIFICA	TE OF DEATH	Registered No. 6	0 12004
	1. NAME OF DECEASED	7 9 9 - 0	1/2	2. DATE AN	D HOUR OF DEATH	21- 130
	3. PLACE OF DEATH IN BALTIMORE	MARY AND	Haro	(away)	190. 11,19	163 // p.m.
	CERTIFICATION OF THE PROPERTY	E AME	NDED 12-16-65	Marie (B. COUN	Iland	tion: residence before oddission)
	INSTITUTION	Contain	12-10-0)	C. CITY OR TOWN (If and	Side, city limits, write RURA	AL and give township)
4	11.	11		D. STREET ADDRESS (III	rurol, nive location)	. 2 10 2
	xunai	Hoop	Mal	2906	tendal	l Rd.
1	Temale Cala	7. MARRIED, NEVE	PRCED (Specify)	Fet, 25.11	9. AGE (In years If Moderate of Moderate o	Under 1 Yr. If Under 24 Hrs. Donths Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of done during prost of working life ween if rel		NESS OR INDUSTRY	11. BIRTHPLACE (Store or forei	gh country) 12	CITIZEN OF WHAT COUNTRY?
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	13. FATHER'S NAME	1) 4		14 MOTHERS MAIDEN NA	ME	Pear
	aseph	dely	ocial	Manna 17. TRECEMANT		2 Abrorge A
	(Yes, no or unknown) (If yes, give wor o	dotes of service)	ECURITY NO.	mis. Nor	they!	0 10. 0
	18, // 6 / 4		CAUSE OF	2906 T	endal	INTERVAL BETWEEN
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	heart failure, asthenia, etc. it m	reans the disease,	11 0	2012 - 01	4 11 1.4	· Lla
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	UNDERLYING CONDITION Ios		(6)	DAJEC VVVI	a o (4 (0) ()	
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	OR CONTRIBUTING CAUSE OF	P 21 B. PLAC home, farr	E OF INJURY (e.g., in m, factory, street, off	or obout 21C. WHERE DID	(If in Boltimore Cit	y, give exact location)
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	(APPROX)	While At Work	Not While			1
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	that (1) (we) lost sow the decord haur and fram the couses	A	12/11		ot in my (aur) opinion	deoth occurred on the dote
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	Eliza	Jamdes	M.D. Atter	Med.	Stoff Phys.	12/13/15
	23C. PHYSICIAN'S NAME (Type)	+ CAUND	EDS M.D.	ZIHIL DIAILA	01/ 140	fall and has
1 1	24A. BURIAL CREMATION, 24B. DAT	E J24C. NAME of	F CEMETERY OF CRE	MATORY 24D. LO	OCATION (City, to	own, or county) (Stote)
	REMOVAL (Specify)	15/65 6	High)	Rock	Ries.	1/a
1	25A. DATE REC'D BY HEALTH DET.	25B. NAME OF REC	GISTRAR	25C. EUNERAL DIRECTOR	Il tune	in (ADDRESS one
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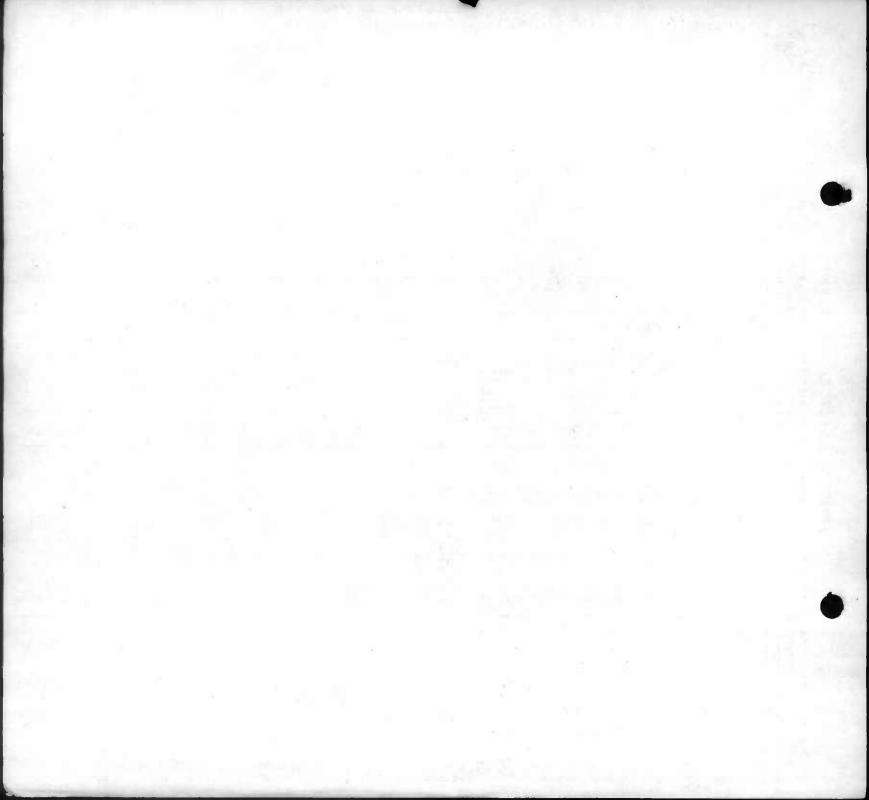
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BIRT	СССОИН	12000 MED	ICAL EXAM	AINER'S CE	RTIFICAT	TE OF [DEATH Registe	ered No.)0
	CASE NO.								
1. N (Typ	e or Print)	MARY	F.	GRA	HAM		ber 8, 1965		10:00 P _M .
FUL	L NAME OF		TAL OR INSTITUTION		A. STATE Mar	yland	deceased lived. If inst B. COU	itution: residenc	e before admission)
HO!	Frank 1	in Square Ho				timore		9-0	ive to waship)
	LIGHNI	In square no	spicar	10 m			houn Street		
5. \$1	emale	6. RACE Negro	7. MARRIED, NEVE WIDOWED, DIVOR Married	(CED (specify)	Aug 21,		9. AGE (In years last birthday)	If Under 1 1 Manths Day	r. If Under 24 Hrs.
done				NESS OR INDUSTRY	North C	State or foreign	na .	12. CITIZEN C	OF OUNTRY?
15. V		D EVER IN U.S. ARME (If yes, give war ar day		CIAL CURITY NO.	Mattie 17. INFORMANT	Baldwi	n	ADDRESS	
					Johnny	Grahan	413 N.	Calhou	n Street
CERTIFICATION	DISEASES OF THE DISEASE OF THE DISEA	not mean the made a costhenia, etc. It mean plication which caused in the constant of the cons	G CONTRIBUTING ELA TED TO THE	(B)					
_	2		RFORMED		Yes	s	208, IF YES, WERE FII IN CERTIFYING CAU	SES OF DEATH	Yes
MEDIC	UNDERLYING	CAUSE WAS FOR CONTRIB- SE OF DEATH. (Month) (Doy) (Ye	hame, fam etc.)	Street JURY OCCURRED	Cal	OCCUR?	d Mulberry		100 21
	OF INJURY (APPROX.)	12 8 6	5 P m. WHILE	AT NOT W	HILE Ped	estrian	struck by	auto.	100
		URE LER'S		Suicide M.D.	Homici	de U L EDICAL EX EDICAL EX	AMINER 🖾	er 🗌	DATE SIGNED
REN	BURIAL CRE	MATION, 23B. DATE		ME of CEMETERY or	CREMATORY	23 D. L	OCATION (City,	, town, or count	ty) (State)
	urial DATE REC'D	BY HEALTH DEPT.		utus Mem.	Park 24C. FUNER.	Ba]	to., Md.	ADD	RESS
145	DEC 13	1965 P.P.	P Tin	6 0 0	Wm O	March	928 E. N	orth A	ve.



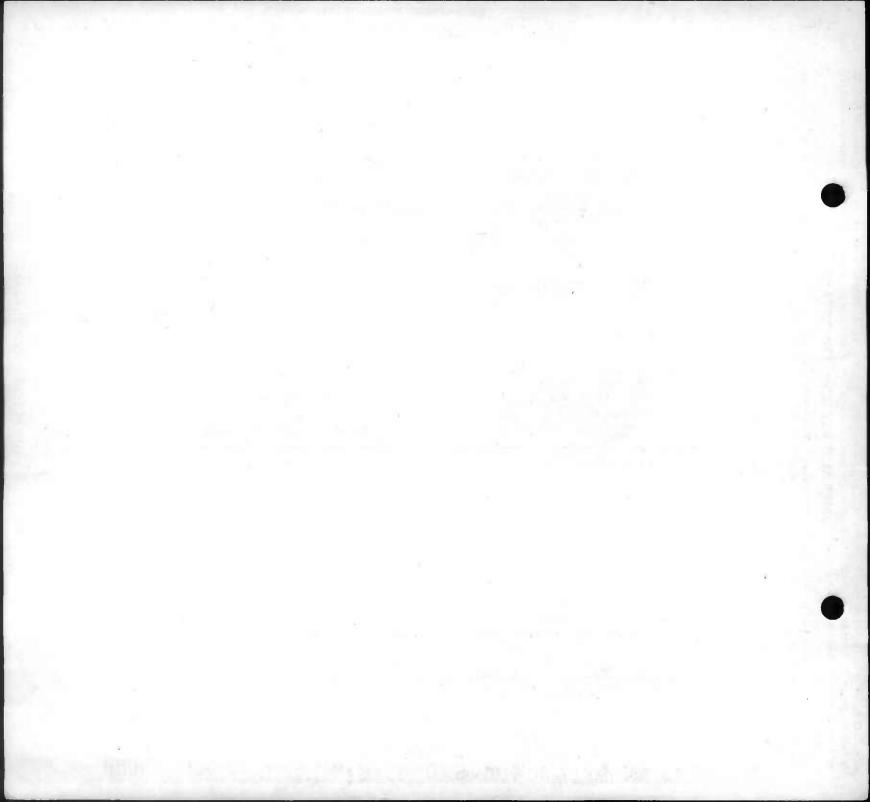
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). FUNERAL DIRECTOR: IMPORTANT

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(This does not mean the made of dying, e.g., OUE TO heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
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rise to the above cause (A) stating the (C)UNDERLYING CONDITION lost.	
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
	ERED
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSID IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exact letter)	cotion)
OR CONTRIBUTING CALLER OF	COROLL/
OEATH (notify modical examine)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
▼ (A BBOOV)	
Work At Work	
22. I certify that (1) (this hospital) attended the deceased from 12-2-6-5-19 to 12-3-	194
that (1) (we) lost saw the deceased clive on 1 2 2 19 65 and that in (my) (our) opinion death occur	
	- un 1116
and hour and from the causes stated obove. (11 (16) (did) (did) view the body ofter deoth.	
23A. SIGNATURE 23B. DATE SIGNE	
)
Sur Old State of Stat	
Med. Stoff Phys. Director Phys. 2 12-2-6	
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

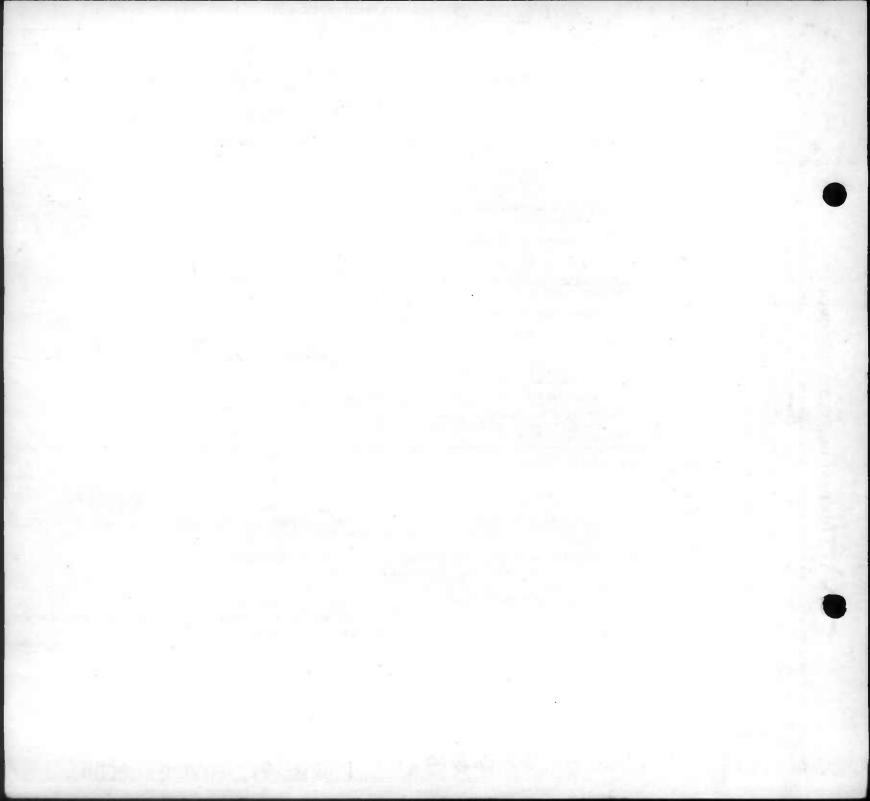
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ype or Print) Mare	KLIN B	BORU [304	12-4-6	7 50
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FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (Shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

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BIRTH NO. 65'30416 65 12658 C	ERTIFICATE OF DEATH	Registered Nb) 5 12658
M.E. CASE NO. 1. NAME OF DECEASED		D HOUR OF DEATH
(Type of Print) CURDS. Bary Girl	1	12/3/65 1 130 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (When	deceased lived. Il institution; residence before admission
FULL NAME OF (If not in hospital or institution, give stree	11 11 11 11	72-33
HOSPITAL OR oddress or locotion)		side city limits, write RURAL and give township)
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S. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR		ost birthdoy) If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
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10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES done during most of working life, even if retired)	S OR INDUSTRY 11. BIRTHPUA CE (State or foreign	12. CITIZEN OF WHAT COUNTRY?
want	- Maryle	und USA-
13. FATHERS NAME	14. MOTHERS MAIDEN NAM	AE
David R Courts	Gentrud	0 12/2
15. Was Deceased Ever in U. S. Armed Forces? 16. SOC		ADDRESS
A	URITY NO.	
NO no	CAUSE OF DEATH	INTERVAL BETWEEN
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(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO	
injury or complication which caused death.)	,	
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DISEASE OR CONDITION CAUSING IT.		
198. CONDITION FOR WHICH C	PPERATION 20A. AUTOPSY? (Yes ld. No.	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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that (I) (we) last sow the deceased alive an		ot In (my) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (Well)	did) (did not) view the body after death.	. /
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No No Marin		Stoff Phys. 2 12/3/15
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	(1)
	M.D.	C. 61 MO HOST.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C	EMETERY OF CHAMPEN WY BOAR	CATION (Cuty, Hown for adulty) (Stote)
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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) OL _ 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL A. STATE USUAL RESIDENCE (Where lived. If institution: residence before admission B. COUNT FULL NAME OF (If not in haspital at institution, give street CL HOSPITAL OR oddress or lacotion) CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS lacation rural give MARRIED, NEVER MARRIED 5. SEX Il Under 24 Hrs. 6. RACE DATE OF BIRTH 9. AGE (In years If Under 1 Yr. WIDOWED, DIVORCED (specily) Months Days last birthdovi Hours vener 05. Work 108 KIND OF BUSINESS OR INDUSTRY 10A. USUAL OCCUPATION Give kind of 11. BIRTHPLACE (State or 12. CITIZEN OF foreign country dane during most of warking lite. WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Farces? (Yes, na arunknawn) (11 yes, give war ar dates of service) 6. SOCIAL 17. INFORMAN ADDRESS SECURITY NO. none 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes o No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, (octory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner) etc.) MEDIC OF INJURY (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Nat While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on. 416019 ond that in (my) Corpopinian death accurred on the date causes stoted above (1) (We) (did) (did not) view the body after death. and haur and from 23A. SIGNATURE 23 B. DATE SIGNED Atlending Phys. Med Director 23C. PHYSICIAITS 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERFILL 24D. LOCATION (City. (State) REMOVAL (Specily) OF REGISTRAR REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 05, 2431 Registered No. 6.5 12661 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MALONE 2,10 3. PLACE OF DEATH IN BALTIMORE MARYLANE 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give tawnship INSTITUTION MO UNIVERSITY (If rural, give location) e 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. WIDQWED, DIVORCED (specify) Hours last birthday) 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GARRISON TER! NE 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY REMATURIT LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? (II in Boltimare City, give exact location)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

DEATH (notily medical examined atc.)

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and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

Attending Phys. 23D. ADDRESS

Stoff Director Phy s. 23B. DATE SIGNED

24A. BURIAL CREMATION, 248. DATE

M.D. 24C. NAME OF CEMETERY OF CREMA

21F. HOW DID INJURY OCCUR?

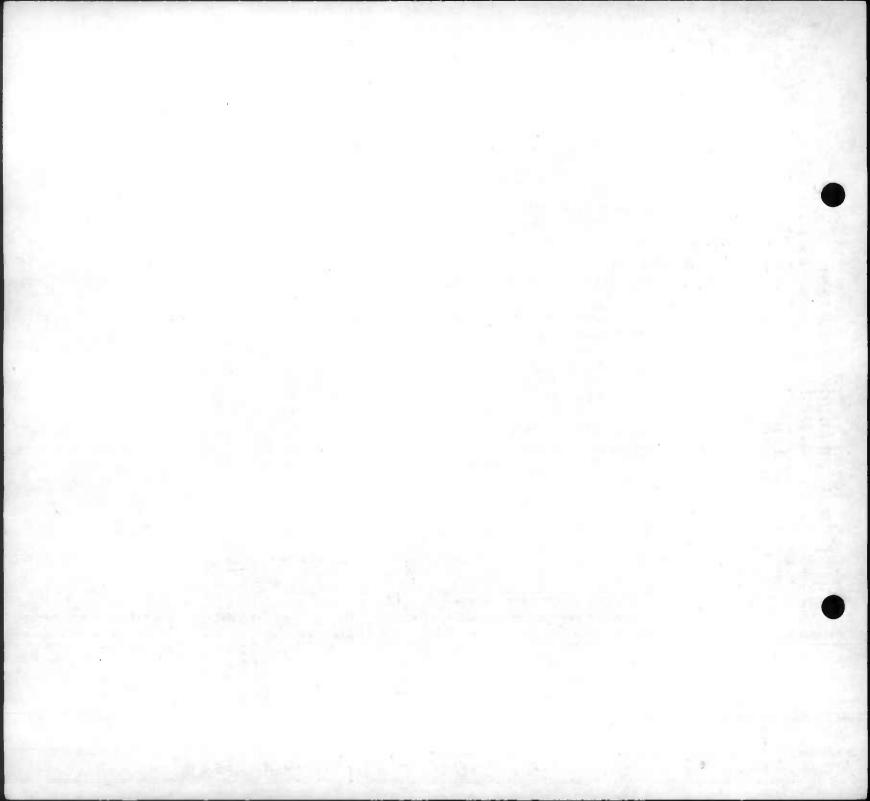
REMOVAL (Specify)

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VS 150-REV. 1/1/65



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	65 1	2651	BALTIMORE CITY	HEALTH DEFARIT			
BIRTH NO.	00 1	C001	CERTIFICA	TE OF DEA	TH	Registered No.	CE 40004
M.E. CASE NO.	CEASED					HOUR OF DEATH	03 15051
Type or Print)		LIAM POR	PLEIN HALL.			1, 1965	4:40 P
PLACE OF D	WILLIAM POPPLEIN HALL, J. PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDEN	CE (Where	deceased lived. If i	nstitution: residence before odmission
					B. COUNTY	1	11.31
FULL NAME OF (If not in hospital at institution, give street oddress or location) INSTITUTION			Md. C. CITY OR TOWN (If outside city limits, write RURAL and live township) City of Baltimore D. STREET ADDRESS (If rural, give locotion) 1713 Park Avenue				
nome: 1715 Fark Avenue							
S SEX	6. RACE						
Male	White	Mar	D, DIVORCED (specify)	Apr. 3, 19	001	st birthdoy)	Williams Doy's Frours From.
			F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	te or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
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	William P.		11.6 505(A)	Amie Di	ryden		ADDRESS 01015
Yes, no ar unknow	ed Ever in U. S. Armed wn) (If yes, give wor or	dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		1 T 10 10 10	21211
No			216-07-2013	Mary Hamil	Iton I	s. Hall, 1	713 Park Av., Cit
18. 42	0.11		CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
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ond hour of	and from the couses	ased alive on.	(1) (We) (did) (did not)	riew the body after	death.	hoff	
ond hour of	FURE Stroften Clarks (Type)	stated above.	(1) (We) (did) (did not)	ending Med.	death.	hoff	
23A. SIGNA 23C. PHYSIC NAME	STATE Clan's (Type) W. GRA REMATION, 1248. DATE	Stoted above. Hersp FTON HER	(1) (We) (did) (did not) (M.D. Att. Phy	ending Med. S. ADDRESS 214 N	death.	toff Col GJ	
23A. SIGNA 23C. PHYSIC NAME	profile Couses Profile Couses	TON HER	(1) (We) (did) (did not) value of CEMETERY or CR	ending Med. S. Med. Direct 23D. ADDRESS 214 N EMATORY	death.	toff hys.	Bulding City, town, or county) (Stote)
23A. SIGNA 23A. SIGNA 23C. PHYSIC NAME 24A. BURIAL C REMOVAL C r em a	HAN'S (Type) W. GRA REMATION, 248. DATE (Specify) LION 12/14	FTON HER	M.D. Attended to the control of the	emetery ending Med. Direct ADDRESS 214 ADDRESS ADDRESS 214 ADDRESS ADDRESS 214 ADDRESS ADDRESS 214 ADDRESS ADDRESS	death.	toff Col GJ	Bulding City, town, or county) (Stote)
23A. SIGNA 23A. SIGNA 23C. PHYSIC NAME 24A. BURIAL C REMOVAL C r em a	HAN'S (Type) W. GRA REMATION, 248. DATE (Specify) LION 12/14	FTON HER	M.D. Attended to the control of the	emetery 25Cg FUNERAL B	death. tor SP 24D. Loc Balt Director	CATION (C	23R DATE SIGNED December 12 19 Bulding City, town, or county) (Stote) LTY 1 and ADDRESS
23A. SIGNA 23A. SIGNA 23C. PHYSIC NAME 24A. BURIAL C REMOVAL C r em a	HAN'S (Type) W. GRA REMATION, 248. DATE (Specify) LION 12/14	FTON HER	M.D. Attended to the control of the	emetery 25Cg FUNERAL B	death. tor SP 24D. Loc Balt Director	CATION (C	Bulding City, town, or county) (Stote)

The National Action of the State of the Stat

V\$ 150-REV. 1/1/6\$

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. Such I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH no (Type or Print) Mrs. USUAL RESIDENCE (Where deceased live hospital eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND institution; residence before admission) ance B. COUNTY contributing cause Maryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street D oddress or location) OR TOWN (If outside city limits, write RURAL and give township) attend 8 vensv .= prior D. STREET ADDRESS rurol, give tocotion) occurred KO is made. regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys ased WIDOWED. DIVORCED (specify) lost birthdov) 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) = Maryland UJ4 OKIS MOS 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the direct assistant death LO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) kind: 17. INFORMANT 6. SOCIAL final SECURITY NO attendance NO 216-01-6474 any pronounced 10 ONSET AND DEATH or his DISEASE OR CONDITION DIRECTLY Also, of embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner gular injury or camplication which caused death.) ANTECEDENT CAUSES who 6 are < DISEASES OR CONDITIONS, if any, ල rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Met 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED before by (2) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF here 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boftimore City, give exact location) to the hospital o Z DEATH (notify medical examiner) etc.) any nature; MEDIC 3 obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) Work At Work pup 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on ... and that in (my) (our) apinion death occurred on the date An accident of death) hospital the body was released and hour and fram the causes stated obave. (1) (We) (did) (did nat) view the bady after death. must 23A, SIGNATURE 238, DATE SIGNED certificate must Attending Med. Stoff M.D. 0 deceased prior ro written approval Phys. Director Phys. O 23C. PHYSICIAN'S 23D. ADDRESS to. NAME (Type) M.D. 24A. BURIAL CREWIATION. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) D.0 RSMOVAL (Specify) shows: YEW 12-10-65 MOS

If Under 24 Hrs. Hours Min.

Hours

ADDRESS

ADDRESS

The second of the second Helpora fees . . . The Broken N Bulmer

Such

to death.

death was in regular attendance on the

deceased prior

was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on

		BALTIMORE CITY	HEALTH DEPARTMEN	Ţ.,	
BIRTH NO. M.E. CASE NO. 65 1	2663	CERTIFICA	TE OF DEATI	Registered No.	5 12663
I. NAME OF DECEASED			2. DAT	E AND HOUR OF DEATH	
CASTANEDA, Eula	lio Vi	pinosa	Dec	-8-1965 GIKKS	XXX 9:00 P.
3. PLACE OF DEATH IN BALTIMORE, MAI	YLAND		4. USUAL RESIDENCE	Where deceased lived. If i	nstitution: residence before admission
FULL NAME OF (If not in hospitot of HOSPITAL OR oddress or location		, give street	Maryland		Balto
U. S. Public Health		e Hognital		it outside city limits, write	RURAL ond give township)
/		_	Baltimore D. STREET ADDRESS	(If rurol, give location)	53.00
31st Street & Wyman	rark D.	TTAG			
Baltimore, Maryland	7 AAADDIET	D. NEVER MARRIED	3516 E. Jop	9. AGE (In years	If Under 1 Yr. , If Under 24 Hi
Male Cau	WIDOWI	ED, DIVORCED (specify)	Feb_12_1900	fost binhdoy) 65	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work	10B. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired) Steward			Philippine	Islands	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN		ODA
Higina Castaneda		11 (Francisca	AThinoga	ADDESCO
5. Was Deceased Ever in U. S. Armed Ford (es, no or unknown) (If yes, give wor or date:		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		132-05-5600	Records-USP	HS Hospital, I	Baltimore, Md.
18.4.20.11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY				
LEADING TO DEATH		(A)	Wyocardial in	farction	Hours
(This does not mean the made of heart failure, asthenia, etc. It means					
injury ar camplication which caused		·	therosclerosi	s, generalized	d Years
ANTECEDENT CAUSES		(B)		, 5	
DISEASES OR CONDITIONS, if	ny, giving				
rise to the above cause (A)			nga commano n no companto no no como no nútrico do 7 do 7 dd		
UNDERLYING CONDITION last.					
OTHER SIGNIFICANT CONDITIONS C	TED TO T	NG HE B	enign Prostat	ic Hypertrophy	y Months
DISEASE OR CONDITION CAUSING I		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON WAS PERF	ORMED		Yes	IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE D	tD (If in Bottimo	re City, give exact facation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	ho	me, form, foctory, street, o	ffice bldg., INJURY OCCU	R?	
U ,	(Hour) 21	E. INJURY OCCURRED	215 110111 015	INJURY OCCUR?	
OF INJURY (Month) (Doy) (Year)		/hile At Not Whi		INJURY OCCUR:	
(APPROX.)		ork At Work			
22. I certify that (t) (this hospital) ottended	the deceased from NO	v. 5	1965 to Dec	c. 8 19 65
that (20 (we) lost saw the deceose					inlon death occurred on the de
					mon doom occomed on me d
ond hour and from the couses state	ed obove.	MU (we) (did) (dxxxxxxx)	riew the body offer de-	oth.	23B. DATE SIGNED
254. 310112011		AND AU	ending Med.	Stoff -	
1 Ohnes	1	M.D. Att	s, Director	Staff Phys. X	Dec. 9, 1965
23 C. PHYSICIAM'S NAME (Type)	10		23D. ADDRESS		
Thomas J. Lau		M.D.	USPHS Hospit	al, Baltimore	, Md.
24A. THEL CREMATION, 24B. DATE	24C.	NAME of GENETERY OF CR	EMATORY 24	D. LOCATION	City, town, or county) (State)
12/11/1	5 C	South M. St.		RID	/// \
25A, DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRE	CIOP DALIO	ADDRESS /
	a O . 7	Pro O Line Co	1 66 G T	1/2 1	S. 8812 Hotal
DEP 1 2 1985 (D) 0	The But Was	541 (Z x 7 10 10 10 10 10 10 10 10 10 10 10 10 10	3 CIBE F.	CELLIANT STO	1/00 /1/00 11/4000

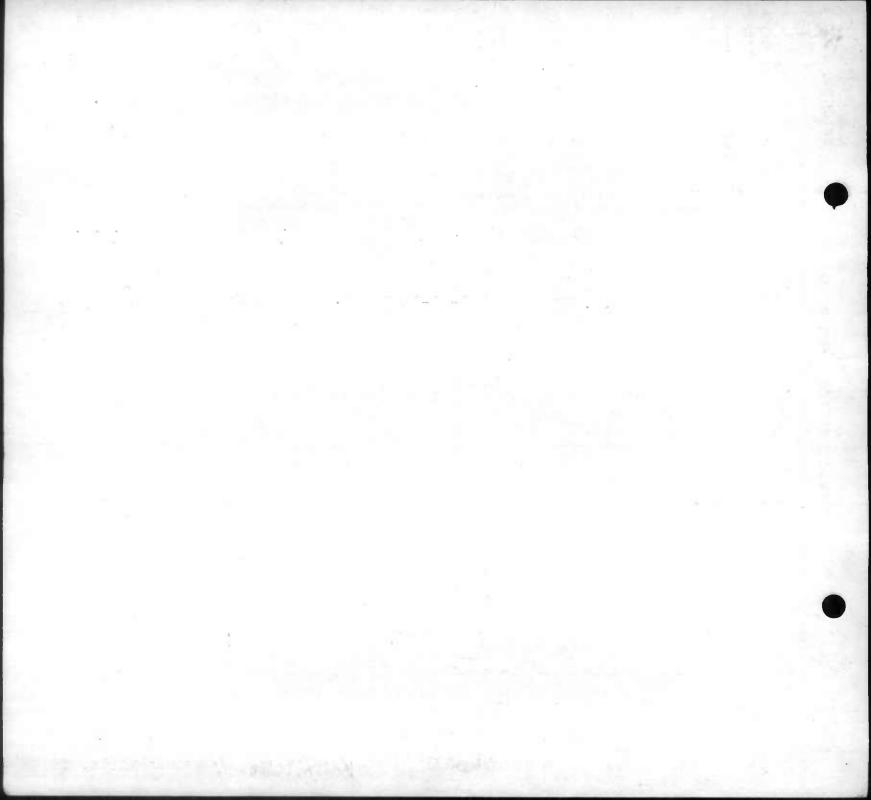
GREEN MOUNT 25A. DATE REC'D BY Falling O 24 1965 3 VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

8802

LE CASE NO. NAME OF DECEASED ype or Print) JOHN L. RITCHEY PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF	DEATH 1 150 A
PLACE OF DECEASED JOHN L. RITCHEY PLACE OF DEATH IN BALTIMORE, MARYLAND	12/10/6	DEATH // SO A
PLACE OF DEATH IN BALTIMORE, MARYLAND	12/0/0.	
	A. STATE B. COUNTY	ved. If institution: residence before admission
FULL NAME OF (If not in hospital or institution, give street		Franklin Co.
HOSPITAL OR oddress or location)	C. CITY OR TOWN (II outside city limit	s, write RURAL and give township)
THE JOHNS HOPKINS HOSPITAL	MERGERBURG	1-35
3 THE JOHNS HOPKINS HOST TIAL	D. STREET ADDRESS (If rurol, give local	otion)
SEX 6. RACE 7. MARRIED, NEVER MARRIED	ROUTE #2	eors If Under 1 Yr. , If Under 24 Hrs
WIDOWED, DIVORCED (specify		Months Doys Hours Min.
MALE WHITE MARRIED A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU		12. CITIZEN OF
ne during most of working life, even if retired)		WHAT COUNTRY?
Insurance Agent General Insuran FATHERS NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
RICHARD B. RITCHEY	MARY LOUISE BROWN	
. Was Deceosed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	Route #2
Yes W.W. II 173-03-31	.07 Mrs. John Ritchey	Mercersburg, Pa
18. 5 27 11 CAUS	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Whenever and	7.
(This does not meen the mode of dying, e.g., DUE TO	ululo kary emplyses	ned I years
heart foilure, osthenio, etc. It means the disease, injury or complication which coused death,)		,0
ANTECEDENT CAUSES (B)	or palmonale	lyleer
DISEASES OR CONDITIONS, if ony, giving		
rise to the obove couse (A) stoling the (C)	3484899 3 3 7 7 9 7 9 7 9 7 9 9 9 9 9 9 9 9 9	
UNDERLYING CONDITION lost.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	20A. AHTOPSY? (Yes or No.) 20B. IF YES	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	1/O IN CERIFY	TING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	e.g., in or obout 21 C. WHERE DID (II in et, office bldg., INJURY OCCUR?	Boltimore City, give exact location)
DEATH (notify medical examine)		
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR	?
	While Work	
22. 1 certify that (M (this hospital) attended the deceased from	11/7 1965 10	12/10 1965
that (I) (we) last saw the deceased alive an 12/10	///-	of) apinion death occurred on the do
and hour ond from the causes stated abave. (1) (16) (did) (did	ACCOUNT OF THE PROPERTY OF THE	gar, aprillon death occorred on the de
23A. SIGNATURE	or, view the body unter deutil.	23B. DATE SIGNED
11/10 12 12 M.D.	Attending Med. Stall	12/10/15
23C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS	11/11/63
NAME (Type)	M.D. THE JOHNS HOPKINS	S HOSPITAL
WILLIAID. COID		(City, town, or county) (State)
	CREMATORY 124D. LOCATION	
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specily)		
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specily)		sburg, Pennsylvani

VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

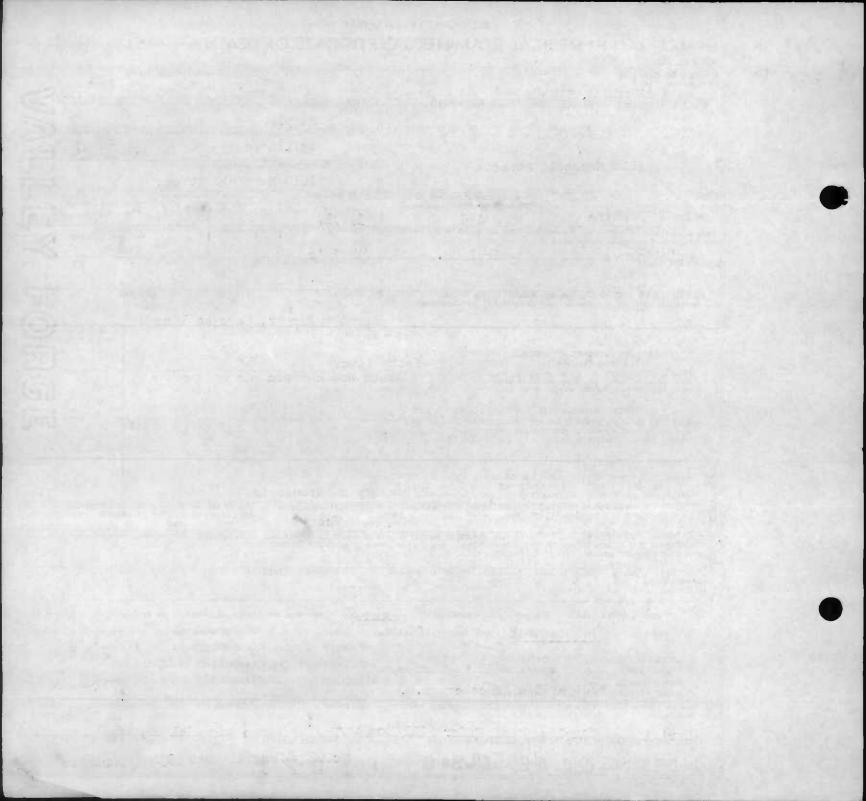
	C5 400	3775	BALTIMORE CITY		-	1		
M.E. CASE NO.	65 126	00	CERTIFICA	TE OF I	DEATH	Registered	1266	5
1. NAME OF DE	A					D HOUR OF DE		
	GNES E. RIGA			T		7-10-6.		12:18 A
S. PLACE OF D	EATH IN BALLIMORE MAI	ITLAND		A. STATE	B. COUN			71010
FULL NAME			, givo street	MA	RYLHUd	Batsido city limits, w	LTIMOR	:6
INSTITUTION	CHURCH HO		HOSPITAL	C. CITY OR	IOWN (II ou	tsido city limits, w	rito RURAL and	givo township)
5	BALTIMORE	M	/	D. STREET A		rurol, give location		3300
	BAMINONE	, - /		150R	GAL	ENA RO	HAD NE	
5. SEX			D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF B		9. AGE (In years	If Under	1 Yr. II Under 24 Hr Doys Hours Min.
FEMALE	White	141	ARRIED	12-	7-98	67		74111.
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or lare	ign country)	12. CITIZ	EN OF
	Ewife	Do	"YESTIC	19.41	PYLAND	9		ISM
13. FATHER'S NA				14. MOTHERS	MAIDEN NA	ME		
JOH	N SCHALI	T54	4	FRAN	ICES	5114	LING	
15. Was Decease (Yes, no or unknow	ed Ever in U. S. Armed Force	es? of service)	16. SOCIAL SECURITY NO.	17. INFORMAL	NT			ADDRESS
No	NONE		212-03-70023 CAUSE O	ChARL	ESF. R.	9 NEV 15	02 GAL	ENA READ
1B. 26	OX I		CAUSE O	DEATH				NTERVAL BETWEEN
DISE	ASE OR CONDITION DIR	ECTLY	Con	1000 1100	- c. la	Kanya		
	nat mean the made of		(A) DUE TO	-000 093		Accord	acy	vas
	e, asthenia, etc. II means Implication which caused		э,	1 -	4			
	ANTECEDENT CAUSES		(B) Ara	Oeke	Kull	an		you
DISEASES	OR CONDITIONS, if o	ny, giving	90110					
	he obove cause (A) NG CONDITION last,	stoting the	e (C)					
	П							
OTHER SIGN	NIFICANT CONDITIONS CO	NTRIBUTIN	NG					
DISEASE O	R CONDITION CAUSING IT	•		150				
19A. DATE C	OF OPERATION 198. CONE		WHICH OPERATION	20 A. AUTO	PSY? (Yos or No	10 CERTIFYING	CAUSES OF D	CONSIDERED EATH?
U 21A. ACCID	ENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in	or about 21 C.	WHERE DID	(If in Bolti	more City, give	exoct location)
DEATH (noti	BUTING CAUSE OF	ho	me, form, foctory, street, of	fice bldg., INJU	RY OCCUR?			
O 21 D. TIME	(Month) (Doy) (Your)	(Hour) 21	E. INJURY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?		
(APPROX.)			hile At Not While					
22. I certif	y that (1) (this hospital)			2-5		19 65 to	12-1	0 65
) lost sow the deceosed		4	19 6.	-		onlyion death	occurred on the do
	nd from the couses state					or m(my) (001)	opinion dean	occorred on the do
23A. SIGNAT			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		01101 000111		23B, DATE	SIGNED
RC	Recariant		M.D. Allo	nding	Mod. Director	Stoff Phys.	, 2 -	10-15
23C. PHYSICI	AN'S		12	3D. ADDRESS	CHURCI	Stoff Phys. Howa	E at 1	thep, The
Iz	TILIA C. MI	ARIA	00 M.D.		BALTIM	TORE	MB	,
24A. BURIAL CR	EMATION, 248, DATE		AME OF CEMETERY OF CRE	MATORY	24D. LC	TORE,	(City, town, or	county) (State)
BURI	AL 12-14-6	5	Loudon PAR	V	72	a1+ is		
25A. DATE REC'	D BY HEALTH DEPT.	SB. NAME	OF REGISTRAR	25C. FUNE	RAL DIRECTOR	The Property	ral Hon	Md.
DEC 1	3 1965 Role	も、当て	THANKING !	100	LISCALL	miller 21	01 Hule	ick live
VS 150-REV. 1/1	/65					4		•

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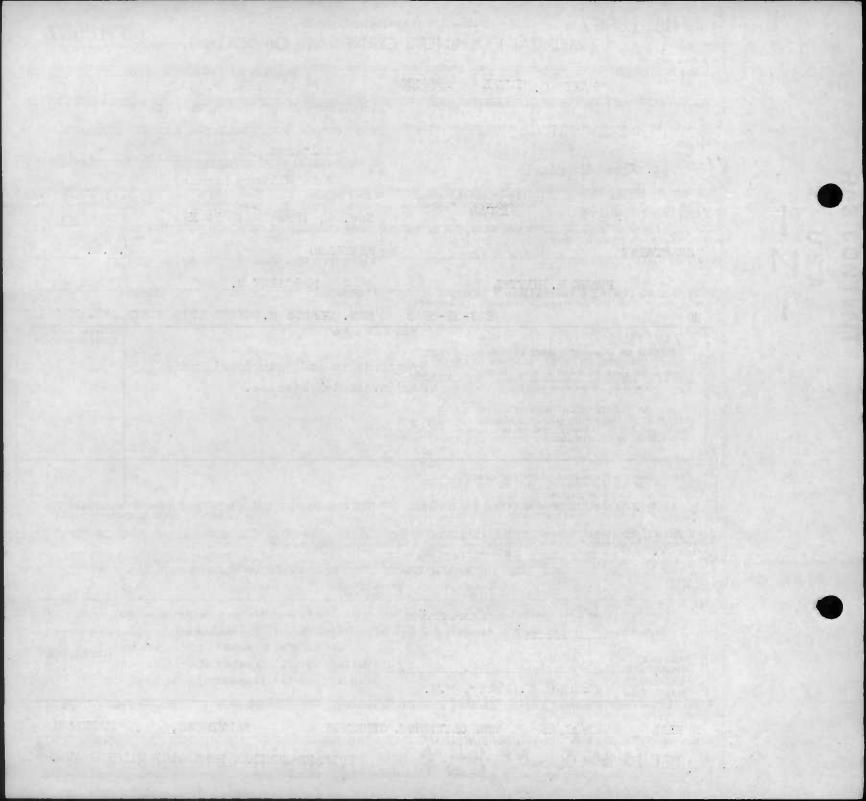
BIRTH NOS	12666	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.	12668
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M.E.	CASE NO.							
1. NAME OF DECEASED (Type or Print)						2, DATE AND HOUR PRONOUN	CED DEAD	
. , ,		HERMAN J. TUR	NER			December 7, 19	65	8:35 Pm.
3. PL	ACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If in B. CO	stitution: residenc	e before odmission)
FILL	NAME OF	(IE NOT IN HOSPIT	AL OF INSTITU	ITION, GIVE STREET	M	[aryland		
HOS	PITAL OR TUTION	ADDRESS OR LOCA		THOR, GIVE STREET	_	WN (If outside corporate limits, wri	te RURAL ond g	jive township)
11431	1011014				E	Baltimore	9-	2000
)		1610 Marshal	1 Street		D. STREET ADD	RESS (If rural, give location)		
					1	610 Marshall Stre	et	
5. SE	X	6. RACE		NEVER MARRIED	8. DATE OF BIRT	H 9. AGE (In years	If Under 1	fr. If Under 24 Hrs.
m	ale	white		DIVORCED (specify)	211/20	lost birthday)	Month's Doy	s Hours Min.
		UPATION (Give kind of wor	Marr		3/0/1/	(State or fareign country)	12. CITIZEN	0.6
		working life, even if retired)	KIOL KIND OF	BOSINESS OK INDOSIK	IIII BIRITITACE	Colore of loreign Country,		OUNTRY?
	Mainte	enance	Chemic	al Co.	Virginia 14. MOTHER'S M	2	USA	
13. F	ATHER'S NAK	WE			14. MOTHER'S M	AIDEN NAME		
	Hale The	17/190 000			Salli	ie Unk		
15. W	AS DECEASE	TO EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(Tes,	no or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.				
	no	no				lurner. Same as li		
1	8. 5 8	11/4-00	121	CAUS	E OF DEATH			TERVAL BETWEEN
V	DISEA	SE OR CONDITION D	IRECTLY					
		LEADING TO DEATH			y liver			
	heart failure	not mean the mode of	s the diseose,	DUE TO ac	ute and ch	ronic alcoholism		
	injury or co	mplication which coused	death.)					
		ANTECENDENT CAUS	ES				1- ST 12	
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)				
	RISE TO TH	HE ABOVE CAUSE (A) S	TATING THE					
z	ONDERLIN	NO CONDITION LASI.		(C)				, a a a a a , a , a a a a a a a a a a a
으	-	li li						
Ĭ.	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTII	NG				
문		DEATH BUT NOT RE		HE Pulmo	nary_tuber	culosis		
CERTIFICATION		F OPERATION 198, COI				? (Yes or No) 20B. IF YES, WERE		SIDERED
S	5		REPORMED		yes	IN CERTIFYING CA	USES OF DEATH	
7	TA FXTERNA	AL CAUSE WAS	218	DIACE OF INTIDY (a.c.		WHERE DID (If in Boltimore City,		anl
OI	JNDERLYING	XOR CONTRIB-	home	, farm, foctory, street,	office bldg., INJUR	Y OCCUR?	give exoci tocuii	0117
	JTING LI CAL	JSE OF DEATH.	etc.)					
	1D TIME	(Month) (Doy) (Yes	or) (Hour) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?		
	APPROX.)			VHILE AT TO NOT	WHILE			
	22		m. V	VORK ATV	VORK			
	22. icer	tify that I held an	inquiry 🔲	Inspection A	itapsy X an	d that an this basis, death in	my opinian	
	rasıı	Ited fram: Natural co	uses V	ccident / Suicie		ide Undetermined man	ner	
	1030	11.7	1	- Jones				
	ACTUA	1/1/	MINTI	1 1 1/1		EDICAL EXAMINER	0	ATE SIGNED
	SIGNAT		mu	12 MACHI	. ASSISTANT M	EDICAL EXAMINER X		
	EXAMIN		Proiton	colon M D	ASSOCIATE M	MEDICAL EXAMINER	1	12-8-65
	NAME (/ P - /		ecker, M.D.				
	BURIAL CRE OVAL (Specif		23	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (Ci	ty, town, or coun	ty) (Stote)
		-0 /	112	Onders III 77	am at arms	A 2 7 7 7	0- 363	
24A.	DATERECT	BY HEALTH DEPT.	24B, NAME	Cedar Hill C	24C. FUNER	Anne Admindel	CO, Md	RESS
	DEC 13	3 1965 Rel	PST/3 P	ilder H. D. C. C.	TICOPY	ly Funeral Home	L30 E For	rt Ave
VS.	51-REV. 1/1/					*		T.



BALTIMODE	CITY	MEALTH	DEPARTMEN	7
BALLIMUKE	CHIL	REALIR	DEPAKIMEN	и.

65	12667	BALT	IMORE CITY HEA	ALTH DEPARTMENT			65	12667
BIRTH NO.	ME	DICAL EXA	MINER'S	CERTIFICATE	OF DE	ATH Registe	red Na	15001
M.E. CASE NO.								
1. NAME OF DE	MARY	C. HITTEL	KYYYYX			r 9, 1965	ED DEAD	3:35 A
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE	CE(Where dece	osed lived. If insti	tution: resider	ce befare admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSI ADDRESS OR LO	PITAL OR INSTITUTION	I, GIVE STREET	C. CITY OR TOWN Balti	(If outside car			give township)
St.	Agnes Hosp	ital		D. STREET ADDRESS			90	0-4
5. SEX	6. RACE	7. MARRIED, NEV		8. DATE OF BIRTH	5	ost birthday)		Yr. If Under 24 Hrs
Female	White	WIDOSINGLE	KCED (Specify)	Nov. 1, 18		74 XX	Total III S	, , , , , , , , , , , , , , , , , , , ,
	working life, even if retire UST		INESS OR INDUST	MARYLAND	te or foreign co	untry)		OF COUNTRY?
13. FATHER 3 HAN	, L							
15. WAS DECEASE	FRANK H	HITTEL	OCIAL	MAT 17. INFORMANT	RGARET E	•	ADDRESS	
(Yes, na or unknown	(If yes, give wor ar d	lates of service) S	-22-0343		7C M LIE	DED 1210		VENUE 2122
NO		217		SE OF DEATH	S M. WE.	DEK 1219		TERVAL BETWEEN
DISEASES RISE TO TH UN DERLY!! OTHER SIG	ANTECENDENT CALL OR CONDITIONS, II IE ABOVE CAUSE (A) NG CONDITION LAS II INIFICANT CONDITION DEATH BUT NOT	ANY, GIVING STATING THE ST. NS CONTRIBUTING RELATED TO THE	DUE TO					
F	F OPERATION 198, C		CH OPERATION	20A. AUTOPSY? (Y		IF YES, WERE FIL		
O UNDERLYING	L CAUSE WAS OR CONTRIB-	21 B. PLAC home, for	m, foctory, street,	office bldg., INJURY O	RE DID (If in	Boltimore City, gi	ve exact laca	tion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Y	(Hour) 21E. I WHILI m. WORK	NJURY OCCURRED	T WHILE WORK	DID INJURY (CCUR?		
22.	tify that I held an			utapsy and th	nat an this he	asis, death in a	av anlaian	
	Ited fram: Natural		^ _	ide Hamicide		stermined manne		
1930	7,010101	Active Active) Solet		ICAL EXAMI			
ACTUA		rack & Kel	-	D. ASSISTANT MED				DATE SIGNED
SIGNAT EXAMIN NAME (VER'S Charl	es S. Petty	1	ASSOCIATE MED				12/9/65
23A. BURIAL CRE	MATION, 238. DATE	23 C. N	AME of CEMETERY	or CREMATORY	23 D. LOCA	TION (City,	town, or cou	nty) (Stote)
BURIAL	12/11/	65 NEW	CATHEDRAL	CEMETERY	ВА	LTIMORE,	1	MARYLAND
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF R	EGISTRAR	24C. FUNERAL				DRESS
DEC	13 1965 代	Pop 8. 40	day Mil	HUBBARD	.EUNERAI	HOME 410	7 WILK	ENS AVE. #

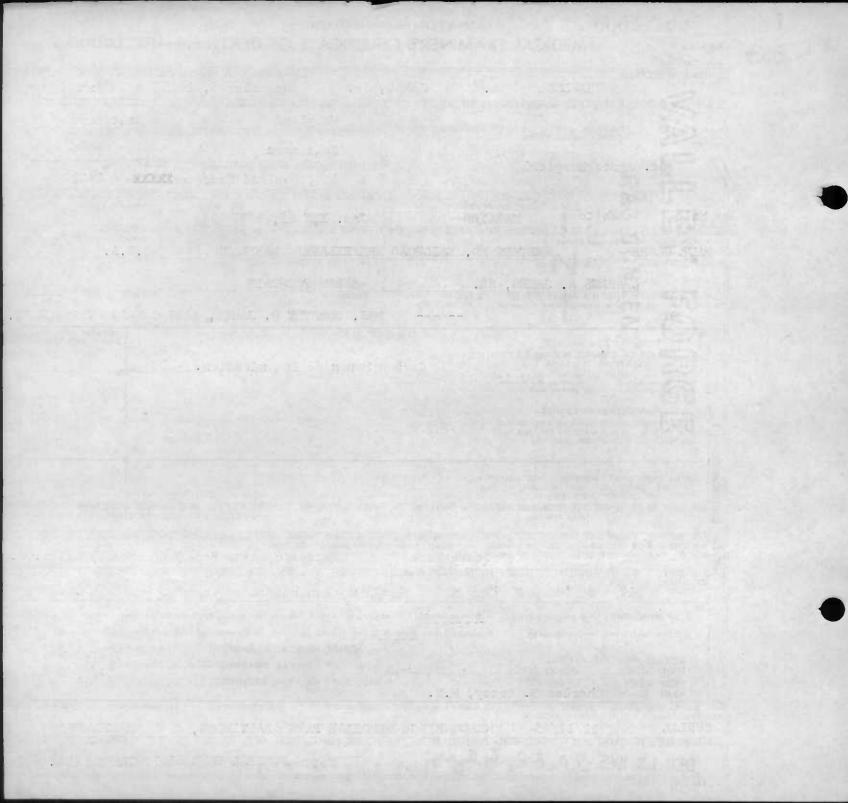


65 12668

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Register & 80. 12000
M.E. CASE NO.	
T. NAME OF DECEASED (Type or Print) CHARLES A. JAMES	December 8, 1965 10:35 P
3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
CHILL MANAGE OF THE MOTHER HOSDITAL OR INICITED ON CIVIC STREET	A. STATE Maryland Baltimore
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore
St. Agnes Hospital	D. STREET ADDRESS (If rural, give locotion) ROAD
	1207 Oakland Terrace XXXXX 21227
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male White MARRIED	Jan. XXX 25, 1927 38
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF
RATE CLERK WESTERN MD. RAILROAD	XMMXXXXXXXXX MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES A. JAMES, SR.	SARAH FOUNTAIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS 21227
(Yes, na arunknawn) (If yes, give war or dates af service) SECURITY NO.	MRS. DOROTHY O. JAMES, 1207 OAKLAND TERRACE B
CAUSI	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carbo	
(This does not mean the mode of dying, e.g., DUE TO	n Monoxide Intoxication.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECONDENT CAUSES	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 21B, PLACE OF INJURY (e.g., hame, form, factory, street,	in or about 21C. WHERE DID (If in Boltimare City, give exact location)
UINDERLYING CAUSE OF DEATH. Dame, form, factory, street, etc.] State Park	Patapsco State Park(River Road) Balto.Co
21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 12 8 165 D WHILE AT NOT	WHILE Ran hose from exhaust into auto.
22.	YORK A RAIL HOSE ITOM EXHAUST THEO auto.
	topsy ond that on this basis, death in my opinion
resulted from: Notural couses Accident Suicia	Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
SIGNATURE (Garles) Testy M.D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED 12/0/65
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 12/9/65
NAME (Type) Charles S. Petty, M.D.	
23A, BURIAL CREMATION, 23B DATE 23C NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, lawn, or county) (Stote)
BURIAL 12/11/65 MEADOWRIDGE N	EMORIAL PARK BALTIMORE, MARYLAND
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
1 - 100 A A A A A A A A A A A A A A A A A A	

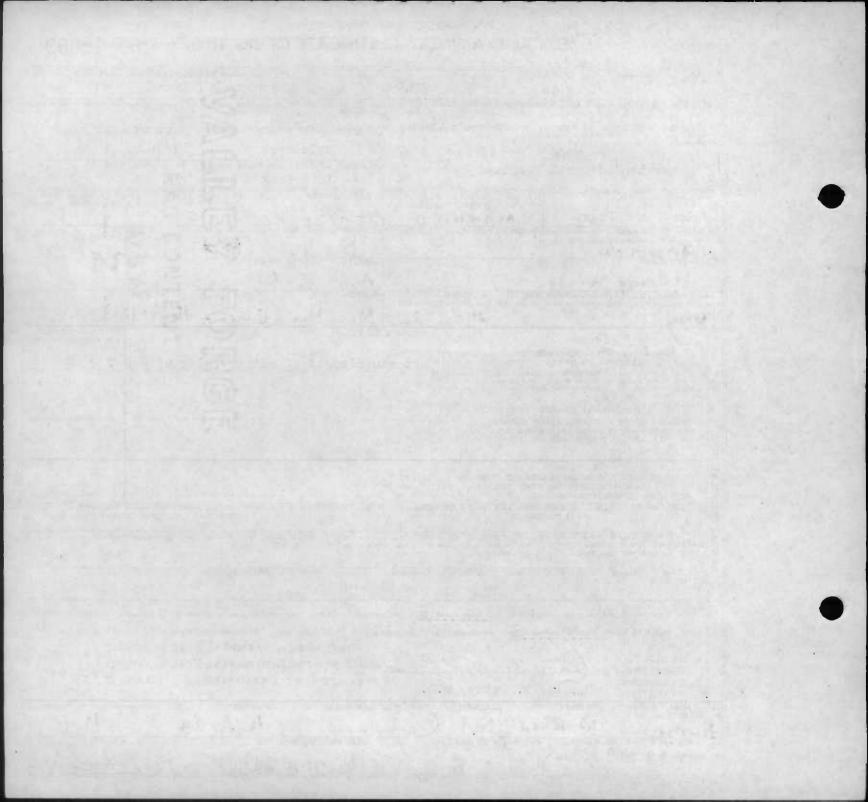
DEC 13 1965 Ober & Jane VS 151-REV, 1/1/65

HUBBARD FUNERAL HOME 4107 WILKENS AVE. # 29



65 12669 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICA	TE OF D	EATH Registe	red No.5 12669
M.E. CASE NO.							
1. NAME OF DECEAS	CHARLE	S	WILSON	1		er 10, 196	
3. PLACE IN BALTIMO	RE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	DENCE (Where de	eceosed lived. If insti	tution: residence before odmissi
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Mai	ryland		RURAL ond give township)
INSTITUTION	ADDRESS OR LOCA	A IION)			ltimore		4-01
Maryla	nd General	Hospita	1		RESS (If rurol, g		
5. SEX 6. R	ACE		NEVER MARRIED	B. DATE OF BIRT	ГН	9. AGE (In years	If Under 1 Yr. If Under 24
Male	Negro	MI	RRIED	9-29-	1899	lost birthdoys	Months, Doys, Hours, Mi
done during most of works		k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	er			14. MOTHER'S M	ALIDEN NAME	ma.	UISH.
Dir.	y Wils	(N 0)		NANC	y Per	VINES	
15. WAS DECEASED E			16. SOCIAL SECURITY NO.	17. INFORMANT	1		ADDRESS
unk		911	218 09-5272	Mrs. N	MARY W.	SON- 16.	31 TARK AVE
18.	11		CAUSE	OF DEATH			ONSET AND DEAT
DISEASE C	OR CONDITION DADING TO DEATH	IRECTLY H	Arter	iosclerot	ic Cardi	ovascular D	i seæse
heart failure, ast	meon the mode of nenio, etc. It meon otion which coused	s the diseose,	DUE TO		10.00101		
DISEASES OR RISE TO THE A	CONDITIONS, IF ABOVE CAUSE (A) S CONDITION LAST.	ANY, GIVING	(B) DUE TO	****************			
Z	Somethin.		(C)				
TO THE DEA	II CANT CONDITIONS ATH BUT NOT RE ENDITION CAUSING	LATED TO T					
_	RATION 198. COM		WHICH OPERATION	20A. AUTOPS	11	OB. IF YES, WERE FILL	NDINGS CONSIDERED SES OF DEATH?
Z1 A. EXTERNAL COUNDERLYING OR UTING CAUSE	CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or about 21C.	WHERE DID (If	in Boltimore City, gi	ve exact location)
21D TIME (M	onth) (Doy) (Yes		TE. INJURY OCCURRED		IOW DID INJUR	Y OCCUR?	
(APPROX.)		m. V	WHILE AT NOT	ORK			
1 certify	that I held on	and the same of th	/			bosis, deoth In n	
resulted	from: Notural co	ouses X A	Sulcid		AEDICAL EXA	determined manne	er
ACTUAL	0/	1 0 5	for-	ASSISTANT M			DATE SIGNED
SIGNATURE		alus.	+		MEDICAL EXA		12/10/65
NAME (Typ	e) Charle		tty, M.D.				
REMOVAL (Specify)	10N, 23B. DATE	-65-1	C. NAME OF CEMETERY	U AV Y	23D. LO	A. Ces	town, or county) (Stote)
24A. DATE REC'D BY		ATR. NAME	OF REGISTRAR	24C. PUNER	RAL DIRECTOR		ADDRESS
DEC 13 1	955 Oblim	1 9	5500	Hoen	TO AL) YETT 1	701 LAUVEN
VS 151-REV. 1/1/65						1	



10000	2002	
	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death f any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I (except where the physician who pronounced death was in regular attendance on the); and (6) No physician was in regular attendance on the deceased prior to death. Such is obtained before the remains are embalmed or final disposition is made.	
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Z	dir.	
M	sta he cin dea dea	
SR	f the think had a d and and a fin	
P	far far do	
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FUNERAL DIRECTOR: IMPORTANT	er. Hur.	
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5	ch Bo Bo th th hys	
Ma	the do o o o o o o o o o o o o o o o o o o	
	why who	
	hos hos natu	
	he he xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
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	der de de mu	
	a h	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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	BALTIMORE CITY	HEALTH DEPARTMENT	
ыктн но. 65 12670	CERTIFICA	TE OF DEATH Regi	stered No. 65 12670
M.E. CASE NO.			
T D: 0		2. DATE AND HOUR	
JOHN ISAAC CA	MPBELL	12/11/6:	
. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceos	ed lived. If institution; residence before admission
			71.011
FULL NAME OF (If not in hospital or institut oddress or location)	ion, give street	MARYLAND, DAL	TIMORE limits, write RURAL and give township)
INSTITUTION		-	limits, write RURAL and give township)
		D. STREET ADDRESS (Il rurol, give	15-1
11	0 01 4	D. STREET ADDRESS (If rurol, give	e location)
UNIVERSITY HOSPITAL	BALTO. M.D.	609 COLETTE.	CT 21217 Collet
		B. DATE OF BIRTH 9. AGE (
wipo	OWED. DIVORCED (specify)	tost births	
MALE NEORD 3	INOLE	3/18/07/	
OA. USUAL OCCUPATION (Give kind of work 108, KIN	D' OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign countr	12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired)		MARINIA	V.S.A.
COOK		VIRGINIA	0.3.7.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ISAAC CAMPBEL	4	MARY HAN	RCUM
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	MARY HAN	ADDRESS
Yes, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.		0.
1/0	215-18-4361	Wyre W- Campbell	1814 Clifton Av
18. //) 0	CAUSE C	OF DEATH	INTERVAL BETWEEN
4011	GUOSE C	** W**********************************	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	deriosclaratic Cardio	Was to Aland
	(A) 041	ACTIOS CIRTO YIC CANNO	VASCULAT DISTRE YEARS
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	000		
injury at camplication which caused death.)	Da	He Myouardial In	20.10
ANTECEDENT CAUSES	(B) 7(C	He Myolar Nig / 40	FORTION SWAS
	DUE TO		21.
DISEASES OR CONDITIONS, if any, gi	the (C)	nal Failure	2 days
UNDERLYING CONDITION last,	(6)		
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING		
TO THE DEATH BUT NOT RELATED TO			
DISEASE OR CONDITION CAUSING IT.	On william oraniam	120.8	
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	IN CE	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
ш [Ves	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	n or ofout 21C. WHERE DID	(If in Boltimore City, give exact location)
DEATH (notify medical examiner)	etc.)	mice orage, introdu OCCOR:	
0			
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?
(APPROX)	While At Not Whi		
			10
22. I certify that (I) (this hospital) attend	^	11-25 1965	10 /2-1) 196
that (T)(we) last saw the deceased alive	an 12-11	1615 and that in land	(aur) apinion death accurred an the d
			(55.) opinion death accorred on the o
and haur and from the causes stated abov	e. (1) (We) (did) (did not)	view the bady after death.	
23A_8)GNATURE	1		23B. DATE SIGNED
14 By 1000 11 1110	M.D. Att	ending Med. Stoff Phys.	12-11-11
23C. PHYSICIAN'S	T ny	23D. ADDRESS	1 11-0
NAME (Type)	1 4	Chi and I llee	1.41
Bernard P	leet M.D.	Clin Versty Mosp	701/
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, or county) (State
REMOVAL (Specify)	1	2	tony, town, or county)
Kupin 12-12-11			1/1
	MI Hubu	RIV	10.
2SA. DATE REC'D BY HEALTH DEPT. 25B. NA	MI HUBU	25C. FUNERAL DIRECTOR	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	MI Hyby ME OF REGISTRAR	25C. FUNERAL DIRECTOR	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	MI Hyby ME OF REGISTRAR TO 1	25C. FUNERAL DIRECTOR 1 MORTONO DUE	ADDRESS 1701 LAURENS

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735" 11-61

(Around Horoval)

BALTIMORE CITY HEALTH DEPARTMENT

1. NAME OF DECEASED (Type of Print) JASPER CHARLES 2. Date and hour pronounced DEAD December 10, 1965 3:15 A M. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF ADDRESS OR LOCATION) INSTITUTION Mercy Hospital Mercy Hospital CHARLES CHARLES 2. Date and hour pronounced DEAD December 10, 1965 3:15 A Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 1827 Hope Street	BIRTH NO. OJ	120 MED	ICAL EX	AMINER'S C	ERTIFICA	TE OF DEATH Registe	, b) 126/1
CHARLES December 10, 1965 3.15 A	M.E. CASE NO.				-		
Mercy Hospital Mercy Hospital Male Male	1. NAME OF DE (Type or Print)			CHARLE	S		
MATE OF DEATH CONDITION CONTRIBUTING MATE OF DEATH MALE NEGTO NOBITAL OF INTERIOR OF INTERIOR OF INSTITUTION, QVE STREET MALE NEGTO NOBITAL OF INTERIOR OF INTERIOR OF INSTITUTION, QVE STREET NOBITAL OF INTERIOR OF INTERIOR OF INSTITUTION, QVE STREET NOBITAL OF INTERIOR OF INTERIOR OF INSTITUTION, QVE STREET NOBITAL OF INTERIOR OF INTERIOR OF INSTITUTION, QVE STREET NOBITAL OF INTERIOR OF INTERIOR OF INSTITUTION, QVE STREET NOBITAL OF INTERIOR OF INTERIOR OF INSTITUTION, QVE STREET NOBITAL OF INTERIOR OF INTERIOR OF INSTITUTION, QVE STREET NOBITAL OF INTERIOR OF INTERIOR OF INSTITUTION, QVE STREET NOBITAL OF INTERIOR OF INSTITUTION, QVE STREET NOBITAL OF INTERIOR OF INSTITUTION, QVE INTER	3. PLACE IN BAL	LTIMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESI	DENCE (Where deceased lived. If inst	itution: residence before admission
Mercy Hospital SEX More Male Negro Note of Bath and Street Note of	F1111 NIA AAF OF	UE NOT IN HOCHT	AL OR INICTITE	ITION CINE CTREET	Ma	aryland	
Mercy Hospital D. STEET ADDRESS (II havel, give location) 1827 Hope Street Male Negro Single Modern Street Male Negro Single Modern Single	HOSPITAL OR	ADDRESS OR LOCA	ATION)	THON, GIVE STREET	C. CITY OR TO	OWN (If outside corporate limits, write	RURAL and give township)
MALE S. SEX MALE MALE	INSTITUTION				Be	1timore 9	-04
The state of the s	Mo	row Hospital					
MAILE MA	FIC	icy nospical			18	327 Hope Street	
MAILE NEGRO SANGLED CONTRIBUTING TO JUSTAL OCCUPATION (Give kind of worl) DR KIND OF BUSINESS OR INDUSTRY IT. METHELACE (State or foring a country) NOTICE THE STANDARY STAN	5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	. Li		If Under 1 Yr. If Under 24 Hrs
TOLUSIAL OCCUPATION (Inve kind of wash) Do. MND OF BUSINESS OR INDUSTRY II. METHALCE (Stote or foreign country) Comparison of the winds life, were if refrired) Comparison of the winds life, were if refrired			WIDO WED, I	DIVORCED (specify)	0 . 0	lost birthdoy)	Months Doys Hours Min.
CAUSE OF DEATH CAUS			Si	Ngle	1-2		
S. WARD DISCASED EVER IN U.S. ARMED FORCES? 18.00 CIAL 18.00 CIA	done duting most of	CUPATION (Give kind of world f working life, even if retired)	KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACI	E (State or foreign country)	
13. MATHER'S NAME 14. MOTHER'S MAME 15. MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. OF A CONDITION DIRECTLY 18. OF A CONDITION S. IF ANY, GIVEN ON THE ABOVE CAUSE (A) STAING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DUE TO DISEASES OR CONDITIONS, IF ANY, GIVEN ON THE ABOVE CAUSE (A) STAING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DUE TO DISEASES OR CONDITION CAUSING IT. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DUE TO DISEASES OR CONDITION CAUSING IT. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DUE TO DISEASES OR CONDITION CAUSING IT. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DUE TO DISEASES OR CONDITION CAUSING IT. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DUE TO DISEASES OR CONDITION CAUSING IT. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DUE TO DISEASES OR CONDITION CAUSING IT. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DUE TO DISEASE OR CONDITION CAUSING IT. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTION DISEASE OR CONDITION CAUSING IT. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTION DISEASE OR CONDITION OF MAINTENANCE CONTRIBUTION DISEASE OR CONDITION COURSE DUE TO DISEASE OR CONDITION COURSE DISEASE D	Section 1	I amount	- 1	NONE	Newar	T News, VA	U.SA.
SECURITY NO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not made the mode of dying e.g., have failing on completion which crossed death (The DISEASE OR CONDITION, IF ANN, GIVING BISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION, STATING THE UNDERLYING CONDITION LAST. (C) C C C C C C C C C	13. FATHER'S NA	ME	.) 1				
SECURITY NO. SECU	JA	MES A (hAV 1.	es	(100	- a Johnson	
CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH INTERVENCE ON DEATH INTERVAL BETWEEN ONSET AND DEATH INTERVENCE ONSET AND DEATH INTERVENCE ONSET AND DEATH INTERVENCE ON DEATH INTERVENCE ONSET AND DEATH INTERVENCE ON	5. WAS DECEAS	ED EVER IN U.S. ARMED					ADDRESS
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

(except where the physician who pronounced

was D.O.A. at a hospital

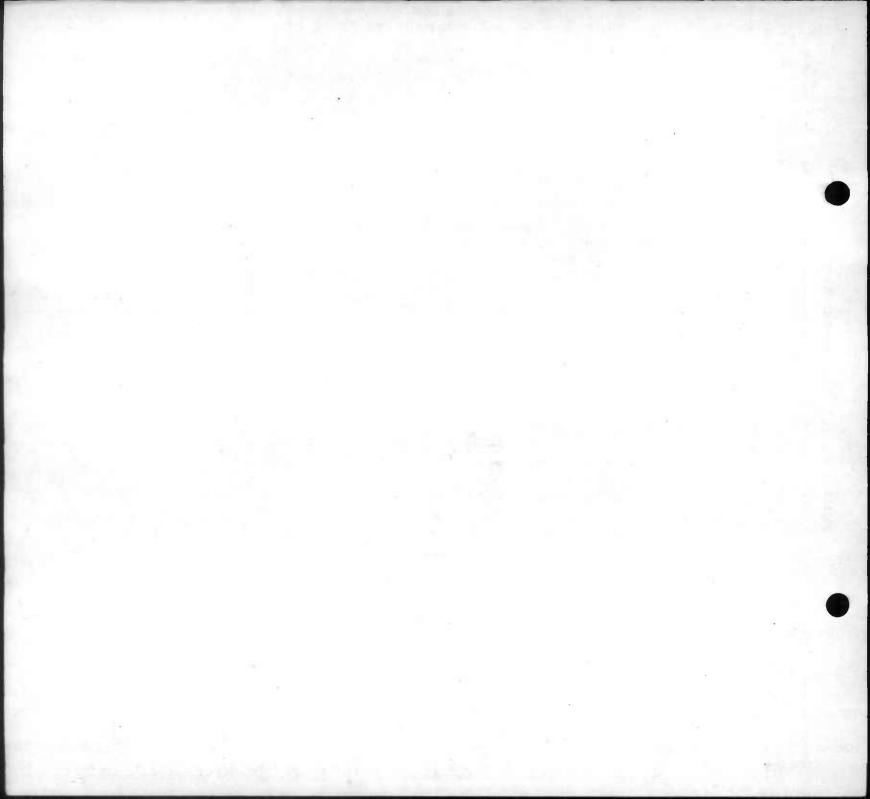
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don	A. USUAL OCCUPATION (Give kind on during most of working life, even if ref		nd of business or industri Igefull Co.	Marya and	ign country)	12. CITIZEN OF WHAT COUNTRY?			
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exact location) 19 6.5 occurred on the date SIGNED 2.12.65 auch Phys. Director _ 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS ABBOUS Fadhi M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 25B. NAME OF REGISTRAR DUR, &L 12-ADDRESS 25C. FUNERAL DIRECTOR 3 LAurens VS 150-REV. 1/1/65



BIRTH NO.

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print) BERS

3. PLACE OF DEATH IN

FULL NAME OF HOSPITAL OR INSTITUTION

MARYLA

13. FATHER'S NAME

Burial

VS 150-REV.

25A. DATE REC'D BY HEALTH

9

65 Loudon

Park

6. RACE

10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONB

5. SEX

Such

death.

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prior

attendance

of death on the

BALTIMORE CIT	Y HEALTH DEPARTMENT	
65 12673 CERTIFICA	ATE OF DEATH Registered No.	65 12673
PHAP. ZOLLER	2. DATE AND HOUR OF DEAT	1145 Pm.
BALTIMORE, MARYLAND (If not in hospitol or institution, give street oddress or locotion)	4. USUAL RESIDENCE (Where deceased lived, If A, STATE B, COUNTY C. CITY OR TOWN (If ourside city limits, write)	f institution: residence before admission)
GENERAL HOSPHAL	D. STREET ADDRESS (III rurol, give location) CAMBRIDGE ARMS	APT 4B
7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) Y 11. BUR HPVACE (State or foreign country)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
N(Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI life, even if refired) HOME MAKER	Y 11. BUR HPLACE (State or foreign country) MANYLAND	12. CITIZEN OF WHAT COUNTRY?
RAY (D)	SOPHIA PINKA	
U. S. Armed Forces? s, give war or dates of service)	NURSE	ADDRESS
CAUSE (OF DEATH	INTERVAL BETWEEN ONSET AND DEATH

Baltimore

25C. FUNERAL DIRECTOR
H.W.Jenkins & Sons

Co Bal

Md.
ADDRESS
York Road
Md.

,no ai unknown) (If yes, gi	. S. Armed Forces? ive war ar dates of serv	1 6. SOCIAL ice) SECURITY NO.	17. INFORMANT	PINKNE	ADDRESS
NO		1	NURSE		And the second
		e.g., DUE TO	terioscluste	Cardioro	INTERVAL BETWEEN ONSET AND DEATH ACULY 3 YES
injury or complication		;use,	· Cm	gesting Real	+ lul
ANTECED	ENT CAUSES	(B)		7-22-4	- poseus
DISEASES OR CONE rise to the above UNDERLYING CONDI	cause (A) stating				
OTHER SIGNIFICANT C TO THE DEATH BU DISEASE OR CONDITION	JT NOT RELATED TO	THE D'ul	ete mellitu		
19A. DATE OF OPERATIO	N 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS LOOK CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	CAUSE OF		g., in or about 21C. WHERE DID t, office bldg., INJURY OCCUR?	(If in Baltimo	ie City, give exact lacotion)
DEATH (NOTHIN MEDICOL 6		21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	(Doy) (Year) (Hour)	While At Not Not Not Not Not Not Not Not Not No	While Ork		
21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend	led the deceased fram	/ork	1965 10	12 11 196
21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) (that (I) (we) last sow	this hospital) attend	led the deceased fram	/ork 🗀	hot In (my) (our) op	12 19 6
21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) (that (I) (we) last sow	this hospital) attend	ed the deceased fram on	/ork	hot In (my) (our) op	inian death occurred on the

N. Marine Marine

approved

VS 150-REV. 1/1/65

hospital

occurred

death

Registered No BIRTH NO. 65 12674 CERTIFICATE OF DEATH of death Deceased the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO Gustav Winckelmann December 10, 1965 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before of mission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance etermined cause; (5) contributing cause Maryland FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give township attend 10 Baltimore
D. STREET ADDRESS (If rurol, give locotion) prior 100 W. University Pkwy. B. DATE OF BIRTH University
9. AGE (in year) regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED deceased Months Doys last birthday) WIDQWED, DIVORCED (specify) 1881 Married 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF disposition = done during most of working life, even if retired) Und Retired-Manager Production Germany Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (4) Heinrick Winckelmann Margarethe Dammann 00 death 5. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT 16. SOCIAL 3-03-2999 or final (Yes, no or unknown) (If yes, give war ar dates of service) attendance Mrs.Lenore E.Winckelmann No any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., embal regular heart failure, asthenia, etc. It means the disease, injury at complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the physician the remains UNDERLYING CONDITION Jost, burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) where the hospital °× MEDICAL DEATH (notify medical examiner) atc.) nature; obtained (Month) (Doy) (Year) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) and At Work Wark any 22. I certify that (1) (this hospital) attended the deceased from 1900 that (I) (we) lost sow the deceased alive on. ond that In(my) (our) opinion death occurred on the date death) hospital and haur and fram the couses stated above. (1) (We) (dld) (dld not) view the body ofter death. must accident 238 DATE SIGNED 23A, SIGNATUR Attending Phys. Med. Stoff 10 Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS eceased prior to NAME (Type) W. H. Woody 1403 Park Ave. M.D. was D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 12/10/1965 Topraine Entombment Pk.Mausoleum Woodlawn, Balto Co. & Sons Co. 49050 Balto.12. Md.

BALTIMORE CITY HEALTH DEPARTMENT

30

If Under 24 Hrs.

Hours

WHAT COUNTRY?

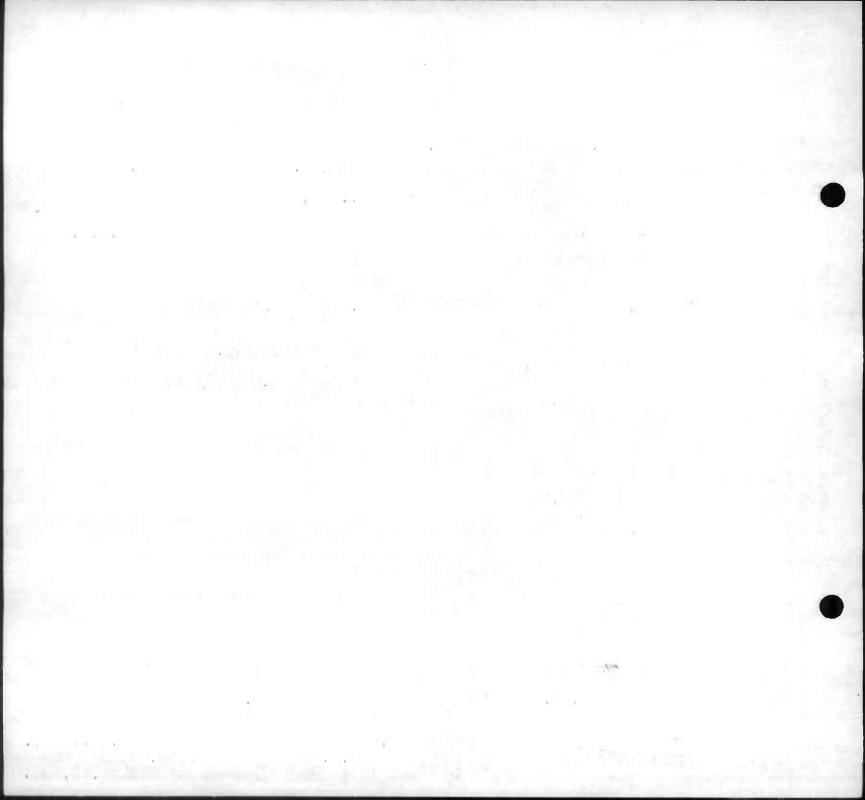
U.S.A.

ADDRESS

Same

INTERVAL BETWEEN

ONSET AND DEATH



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

K-3/5 BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 6 265 12675 CERTIFICA	TE OF DEATH Registered No.	65 12675
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
LEOPOLD KOTERWAS 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	12-9-65 4. USUAL RESIDENCE (Where deceased lived. If instance in the country in	itution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	MARYLAND C. CITY OR TOWN (If outside city limits, write RU	IRAL and give township)
BALTIMORE CITY HOSBITALS 4940 EASTERN AVENUE	BALTIMORE D. STREET ADDRESS (If rurol, give locotion)	
BALTIMORE, MARYLAND 21224	4201 PENNINGTON AVENUE	
WIDOWED, DIVORCED (specify)	MAR. 3, 1873 9. AGE (In years lost birthday) 92	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) WATCHMAN EASTERN BOX CO.	11. BIRTHPLACE (State or foreign country) POLAND	12. CITIZEN OF WHAT COUNTRY?
JOSEPH KOTERWAS	FRANCES	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) NO 217-07-8605	FRANK KGTERWAS 3006 II RECORDS: BCH 4940 EASTERN	
DISEASE OR CONDITION DIRECTLY	DEATH	INTERVAL SETWEEN ONSET AND DEATH

2. DATE AND HOUR OF DEATH		
12-9-65 1:00 A		
before odmissio		
15		
MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
D. STREET ADDRESS (If rurol, give locotion)		
If Under 24 Hi		
Hours Min.		
NTRY?		
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2/22/		
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DEC 13

1965

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12-13-65 Sacud Marky Mary Om the to the Security Security Markensky Bales margings

	VE 40070	BALTIMORE CITY	HEALTH DEPARTMENT	6	55 12676	
BIRTH NO. M.E. CASE NO.	55 12678	CERTIFICA	TE OF DEATH	Registered No.	00 1.2070	
I NAME OF DECEASED			2. DATE ANI	D HOUR OF DEATH		
(Type or Print) BROWN	OTH		DEC	9 1965	11:30 A M.	
3. PLACE OF DEATH IN BA		_			tions residence before admission)	
FULL NAME OF (If	not in hospital ar insti	tution, give street	MD B. COUNT	TY (5-08	
HOSPITAL OR odd	lress or location)		C. CITY OR TOWN (If outs	side city limits, write RUR	AL and give township)	
15			BALTIMORE			
ST AGNES HOSPITAL			D. STREET ADDRESS (If rurol, give location)			
			706"WOOD I NG	TON RD. 2	1229	
5. SEX HALE 6. RACE WH		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) MARRIED		ost birthday)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.	
IDA. USUAL OCCUPATION	Give kind of work 108, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		2. CITIZEN OF	
done during most of working life	even if retired)		N. C		WHAT COUNTRY?	
BUILDING ESTIM	ATOR X CO.	NSTRUCTION	N.C.		U.S.A. X	
13. FATHER'S NAME		,	14. MOTHER'S MAIDEN NAM	AE		
WILLIAM				RAVEN		
(Yes, no or unknown) (If yes, g	. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
ALO		737-40-9285	ST AGNES HOSP	PITAL CATON	& WILKENS AVE.	
18.		CAUSE O	E DEATH		INTERVAL BETWEEN	
60010		-10.273	DEATH		ONSET AND DEATH	
	NDITION DIRECTLY	B	- P a all	.4	12-1-1065	
		(A)CCCU	I Vyelonophe	elis c	12 10 1765	
(A) Accept Pyelonophritis c 12 (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Accept Pyelonophritis c 12 (A) Accept Pyelonophritis c 12 (A) Accept Pyelonophritis c 12 (A) Accept Pyelonophritis c 12					12-9-1965	
ANTECED	ENT CAUSES	(8)				
DISEASES OF CONI	DUE TO					
	DISEASES OR CONDITIONS, if any, giving					
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.						
O OTHER SIGNIFICANT						
TO THE DEATH B		IO IHE				
	ON 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.			
19A. DATE OF OPERATION	WAS PERFORME	D		IN CERTIFYING CAUSE	S OF DEATH?	
U 21A. ACCIDENT WAS I	JNDERLYING T	218, PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore Ci	ty, give exact location)	
OR CONTRIBUTING DEATH (notify medical	AUSE OF	home, form, foctory, street, o	iffice bldg., INJURY OCCUR?			
0	examiner/	erc.,				
M OF BUILDING	(Day) (Year) (Hou	1) 21 E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?		
(APPROX.)		While At Work At Work				
				/F DEG	0 10 65	
22. I certify that (I)	this hospital) atte	nded the deceased fromD.		65DEC	9	
that (I) (we) last sow	the deceased oli	ve on DEC 9	19 <u>65</u> ond the	ot In (my) (our) opinion	n deoth occurred on the dote	
and hour and from th	e causes stated at	ave. (1) (We) (did) (did not)				
23A. SIGNATURE		1	,	23	B, DATE SIGNED	
CA	RL MATTH	FY M.D. Att	ending Med.	Stoff		
CA	AL PIATITI	Phy	/s. Director	Phys.	12-9-65	
23C. PHYSICIAM'S NAME (Type)	Pal n	1 att Sul M.D.	23D. ADDRESS			
DAA BURIAL COSTA COSTA	200 000	every	FALARONY	10:		
24A. BURIAL CREMATION, REMOVAL (Specify)	248. DATE	24C. NAME of CONTETERY OF CR	EMATORY 24D. LC	OCATION (City,	town, or county) (State)	
Burial	112-13-65	Mengant dr	ove Cem. X1	Ulkers Cl	runty N.C.	
25A, DATE REC'D BY HEAL	TH DEPT. 258 P	AAME OF REGISTRAN	25C. FUNERAL DIRECTOR	7	ADDRESS	
DEC 13 1965	(O + 9	stradly MM 13	1111200	200 / 60	istern cive.	
52,520 1900	alsosu, c	Virginia (2)	Withhorosour	a Bala.	ma. 21231	
VS 150-REV, 1/1/65						

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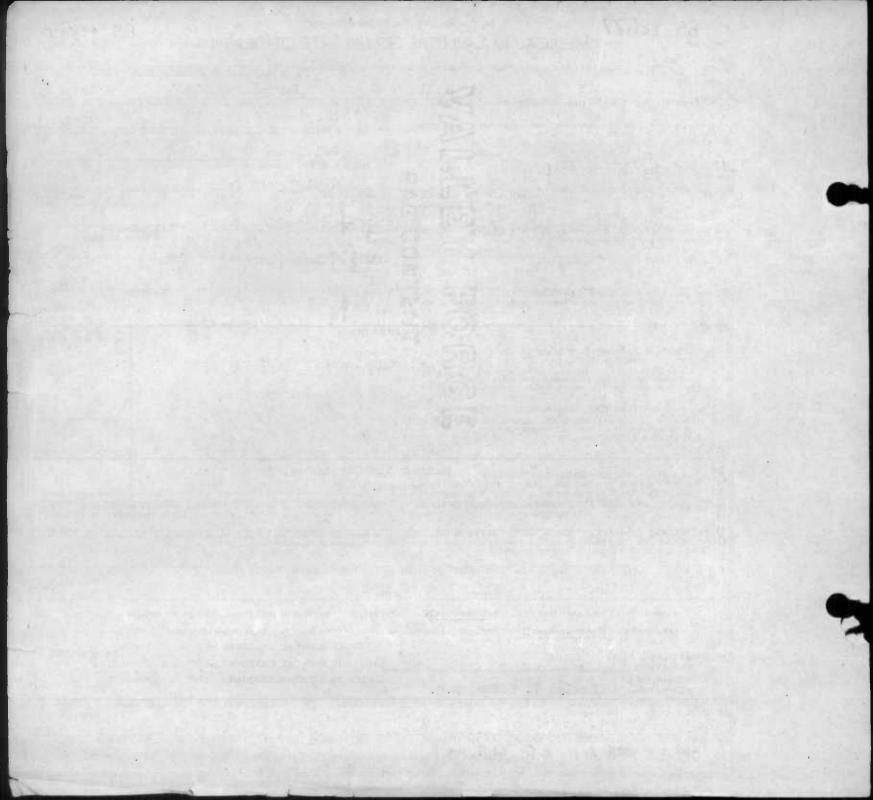
Burnal 12-15 Germant Hover Com Walker County 11 -

VS 151-REV. 1/1/65

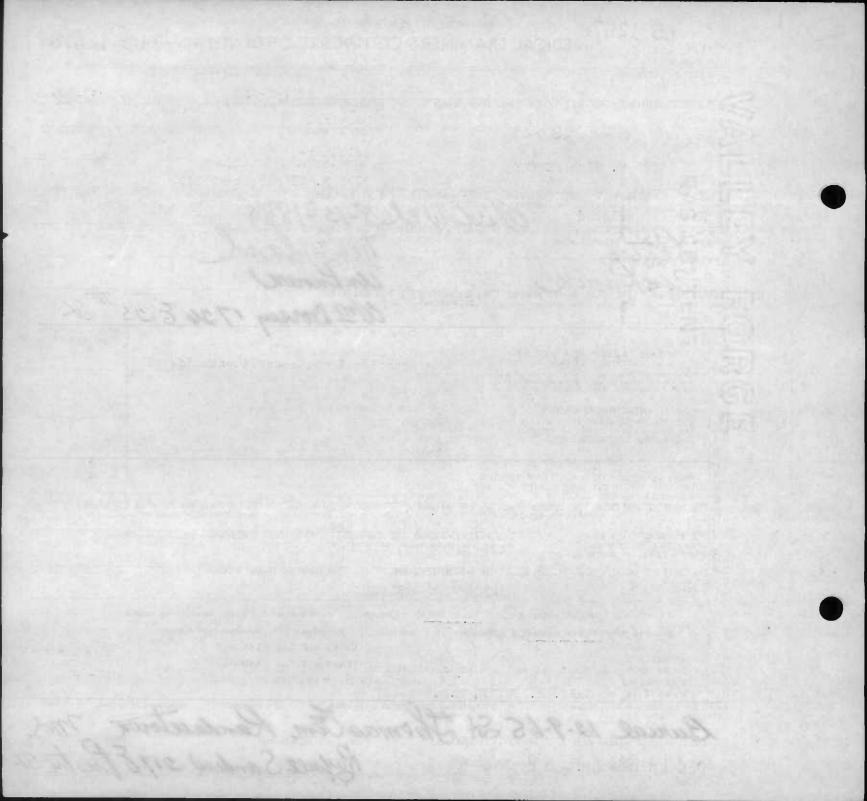
	00 TC
~	BIRTH NO.
0	M.E. CASE NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65

M.E	CASE NO.								
l. N	AME OF DECEAS	ED					2. DATE AND	HOUR PRONOUNCED DEAD	
		MAI			McKENZIE		Decem	nber 8, 1965	2:30 P M.
3. P	LACE IN BALTIMO	RE MARY	LAND, WH	ERE PRONOU	NCED DEAD		yland	deceased lived. If institution: resid B. COUNTY	ence before odmission)
FUL HOS	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			d give township)		
1	Luther	an Ho	spital			D. STREET ADDR	timore (If rurol,	give locotion)	7
C 01	PV 1/ 0	4.05		7 14 4 5 5 1 5 5				s Falls Parkway	
5. SI	Female	Negro		WIDOWED, C	NEVER MARRIED DIVORCED (specify)	Ses. 5	1905	9. AGE (In years If Under Months)	1 Yr. If Under 24 Hrs. Doys Hours Min.
	USUAL OCCUPAT during most of working				BUSINESS OR INDUSTR	BIRTHPLACE	State or foreign	n country) 12. CITIZE WHAT	N OF COUNTRY?
13. F	ATHER'S NAME				70 5	14. MOTHER'S MA	AIDEN NAME	TALKICAGAGA CK	· 2, H
	VAS DECEASED EV				16. SO CIAL	17. INFORMANT		ADDRESS	
Yes	, no or unknown) (If y	es, give w	or or dotes	of service)	SECURITY NO.	Mrs. D.	allen	Bracks 172161	Jasas FULA
	1B	1 9/-	199	1999	CAUSE	OF DEATH	6.	3	INTERVAL BETWEEN
CERTIFICATION						tic Carcin	oma, Pr	imary site	
CERTI	PA. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED			VHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FINDINGS CO IN CERTIFYING CAUSES OF DEA		
O	C 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID. (If in Boltimore City, give exact location)						cotion)		
Σ	21 D TIME (M. OF INJURY IAPPROX.)	onth) (Do	y) (Yeor)		E. INJURY OCCURRED WHILE AT NOT ORK AT W	WHILE	DENI DID WO	RY OCCUR?	
	22. I certify								
	resulted	resulted fram: Natural causes 🔀 Accident 🗌 Suicide 🔲 Hamicide 🔲 Undetermined manner							
	ACTUAL	CHIEF MEDICAL EXAMINER DATE SIGNED							
	SIGNATURE	(la	cles) 1	ally M.D	ASSISTANT ME			12/9/65
	EXAMINER' NAME (Type		narles	S. Pet	ty, M.D.	ASSOCIATE M	EDICAL EX	AMINER	12/ // 03
	BURIAL CREMAT		DATE		NAME OF CEMETERY	OF CREMATORY	23 D. LC	OCATION (City, town, or co	ounty) (State)
2	Bur T	1	2/13/6	5 6	Hever Wen	Rleave	1 20	and Marala Some	2
24A	DATE REC'D BY		EPT.	248. NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR	A	DDRESS
	DEC 13	1900 (Robert	प है, जल	Alexand A	Invi.	166	word 17/2 W.	North Ann



65 12678 BALTIMORE CITY HEAL	
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.5 12078
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
AARON DORSEY	12-5-65 4:15 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	C. CITI OR TOWN (II obisine corporate limits, with RORAL and give lownship)
	Baltimore
1726 E. 25th STREET	D. STREET ADDRESS (If rurol, give locotion)
	1726 E. 25 Street 21213
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVOR GED (specify)	B. DATE OF BIRTH 9. AGE (in years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.
Male Colored ///dest	8-15-1885 80?
IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRI	
done during fost of working life, even if retired)	Wi and and
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2/14 Known	Mar Karana /
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Kelson IN
	W" Dorsey /26 6 25 00
1B. CAUSE	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Charle All Park
LEADING TO DEATH	eriosclerotic cardiovascular disease
(This does not meon the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease.	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	No No
✓ 21A, EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB- 121B. PLACE OF INJURY (e.g., home, form, foctory, street, howe, form, foctory, form, foctory, form, foctory, form, foctory, form, fo	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	once bogs, INJORT OCCOR:
Z 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
OF INJURY	
m. WORK L AT W	WHILE
22. I certify that I held an Inquiry Inspection X Au	and that an this basis, death In my apinion
resulted from: Natural causes Accident Suicid	
ACTUAL O	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE (halles / cul M.D	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 12-6-65
NAME (Type) CHAS. S. PETTY, M.D.	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	man Em Kanda colocut mid
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
10 1005 0 0 0 0 7 7 10 10	D. C () EP 1
DEC 13 1965 Of lent E, Strateging	Maysell Jandere 2176 1 replon
VS 151-REV. 1/1/65	



BALTIMORE CITY HEAL	TH DEPARTMENT 65 12679					
IRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.						
M.E. CASE NO.						
11. NAME OF DECEASED (Type or Print) CLARENCE MURRELL	12.10.65 6.15 p.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE ARYLAND B. COUNTY					
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (II outside corporate limits, write RURAL and give township) BALTIMORE					
BON SECOURS HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	2544 West PRATT Street 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.					
Male White WIDOWED, DIVORCED (specify)	Acc. 29-1887 lost birthdoy Months Doys Hours Min.					
done during most of working life, even if refreed to CONSTRUCTION	HOOPERSVILLE - Hd. 12. CITIZEN OF WHAT COUNTRY?					
GEO. W. MURRELL	HELEN RUARK					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS					
213-03-2167	CORA E. MURRELL 2544 W. PLATT ST.					
18. 422. 1 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ARTE	RIOSCLEROTIC CARDIOVASCULAR					
(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DISEASE					
injury or complication which caused death.)						
ANTECENDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						
UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE PITE MONARY						
DISEASE OF CONDITION CAUSING IT	EMPHYSEMA DUE TO BRONCHIAL ASTHMA					
199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21A. EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB- O UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or about 21C. WHERE DID (II in Baltimore City, give exact location) ffice bldg., INJURY OCCUR?					
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT V	21F. HOW DID INJURY OCCUR?					
m. WORK AT WO						
resulted fram: Natural causes X Accident Suicide	opsy and that an this basis, death in my opinian Hamicide Undetermined manner					
Accident Suicide	CHIEF MEDICAL EXAMINER					
ACTUAL Werney h. 3, 5	ASSISTANT MEDICAL EXAMINER					
EXAMINER'S Werner U. Spitz M. D. M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 12. 11. 65					
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 23D. LOCATION (City, town, or county) (Stote)					
BURIAL 12/14/65 Woudon	PARK BALTO-Md.					
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS					

VS 151-REV. 1/1/65

PARK BALTO-Md.

PARK

PARK

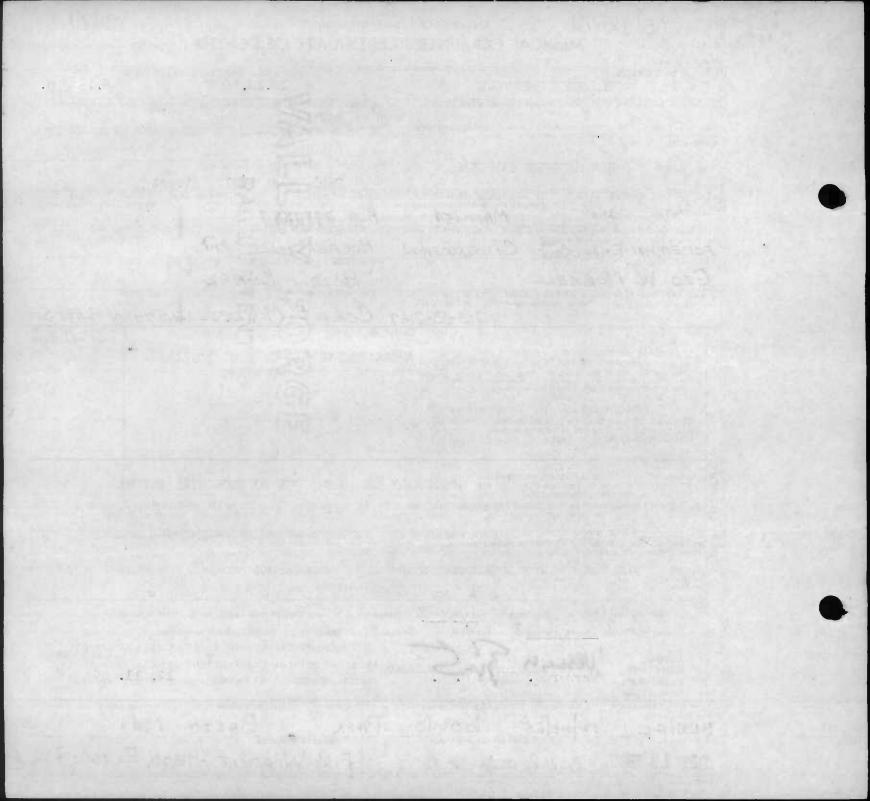
PARK

PARK

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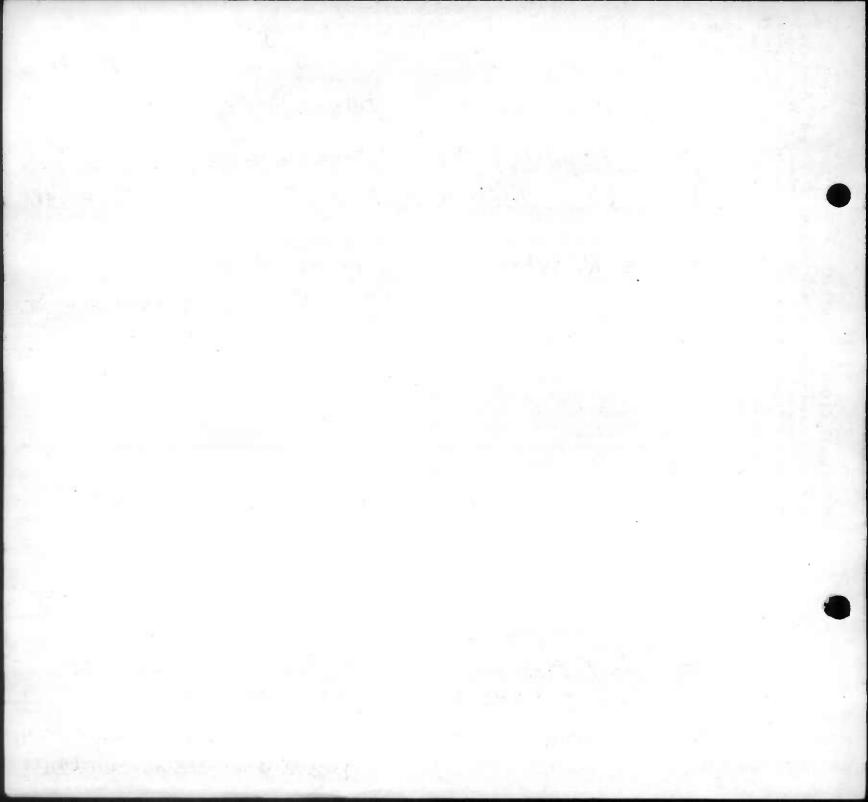
ADDRESS

FIB. WipperT - 1300 EUTAW PLAKE



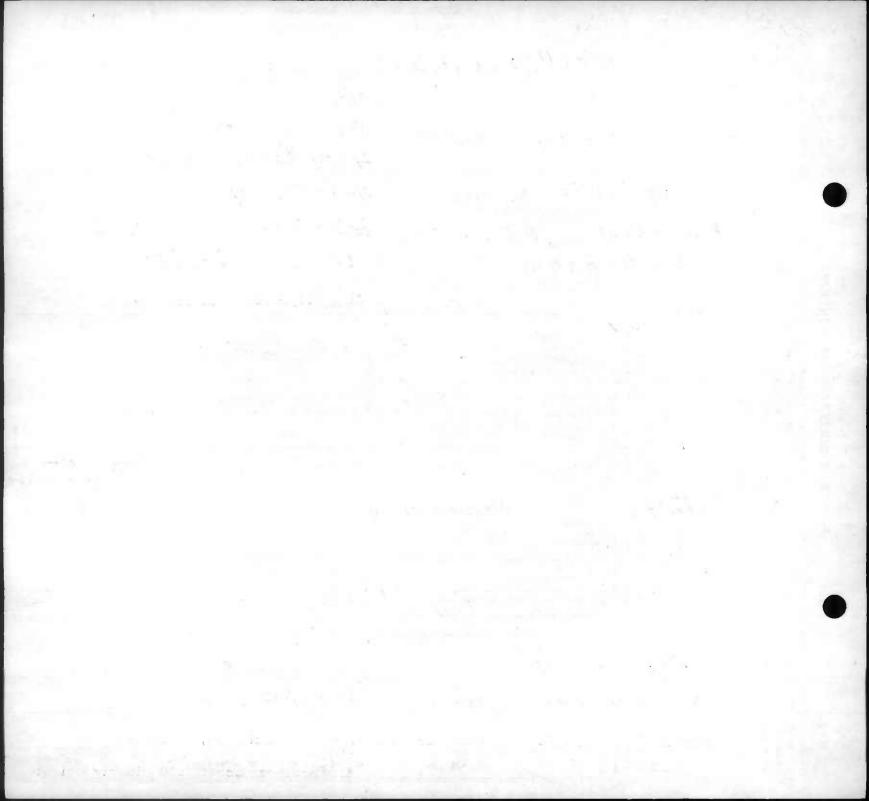
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death). Such was an accident, it is a death, such the deceased prior to death. Such

	65303680= 10000	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRT	14 NO. 65-3024865 12680	CERTIFICA	TE OF DEATH R	Registered No.65 12680	
	AME OF DECEASED		2. DATE AND HE	OUR OF DEATH	
	De of Print Baby Box 2	thite		ser 11,1965 1 8:00 A. M.	
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND			coosed lived. If institution: residence before edmission)	
- 1	FULL NAME OF (If not in hospital or institution) (If not in hospital or institution)	ition, give sheet	C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
-				53-00	
1	wheren Hospital	of Med.	3002 Floridit AVE		
5. 5		RRIED, NEVER MARRIED OWED, DIVORCED (specify)		GE (In years of Months Doys Hours Min. 2 48	
	. USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired)	ID OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign co	ountry) 12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME		14. MOTHERS MAIDEN NAME		
I	BENNIE R. Wh.	ITE	HELEN M.	WILD	
15. You	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of ser	1 6. SOCIAL SECURITY NO.	ELLA R. WI	ADDRESS	
_	18. 7 4 8 2 1	CAUSE	OF DEATH	LD-5205 BENTALOU ST.	
	DISEASE OR CONDITION DIRECTLY		, de la constant	ONSET AND DEATH	
	LEADING TO DEATH	(A) Mul	type, Anomal	res, congenifal	
	(This daes nat mean the made of dying, heart laiture, asthenia, etc. It means the dis			J. J	
	injury or camplication which caused death.)	0030,			
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if ony,	iving			
	rise la lhe abave cause (A) stoling UNDERLYING CONDITION last.	lhe (C)			
	Ш				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIB				
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	10014			
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? IYes of No.	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?	
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examine)	21B. PLACE OF INJURY (o.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, givo exact location)	
EDIC	21 D. TIME (Month) IDoy) (Yout) IHout)	21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
X	(APPROX.)	While At Not Wh			
	22		12 - // 19 4	5 10 12-11 1945	
	22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased alive			(my) (aur) apinion death accurred on the date	
				(my) (dur) opinion death accurred on the date	
	and have and from the causes stated abo	ve. (I) (We) (did) (did not)	view the body after death.	23 B. DATE SIGNED	
	7- 11-0	M.D. At	tending Med. Stoff		
	Denderia /. Man	usag Ph	ys, Director Phys	12-11-65	
	23C.PHYSICIAN'S NAME Type	100000	23D. ADDRESS	211 1 21 12 1	
	DESIDERIA 1. MA	HUSAY M.D.	Lutheran Ho.	ental of Ma.	
244	A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	A 1	REMATORY 24D. LOCA	PION (City, town, or county) (Stoto)	
R	BURIAL 17/13/65	CEDAL HI	5829	RITCHIC HIGHWAY A.A.CO.M	
254	A. DATE REC'D BY HEALTH DEPT. 258. N.	TO GOLD HAR	25C. FUNERAL DIRECTOR	ADDRESS	
	DEC 13 1900 Of Para E.	5 5 6 0	13 13 2WAD DEL	T 1300 EUTAW PLACE	
1.00	150-REV. 1/1/65		111		

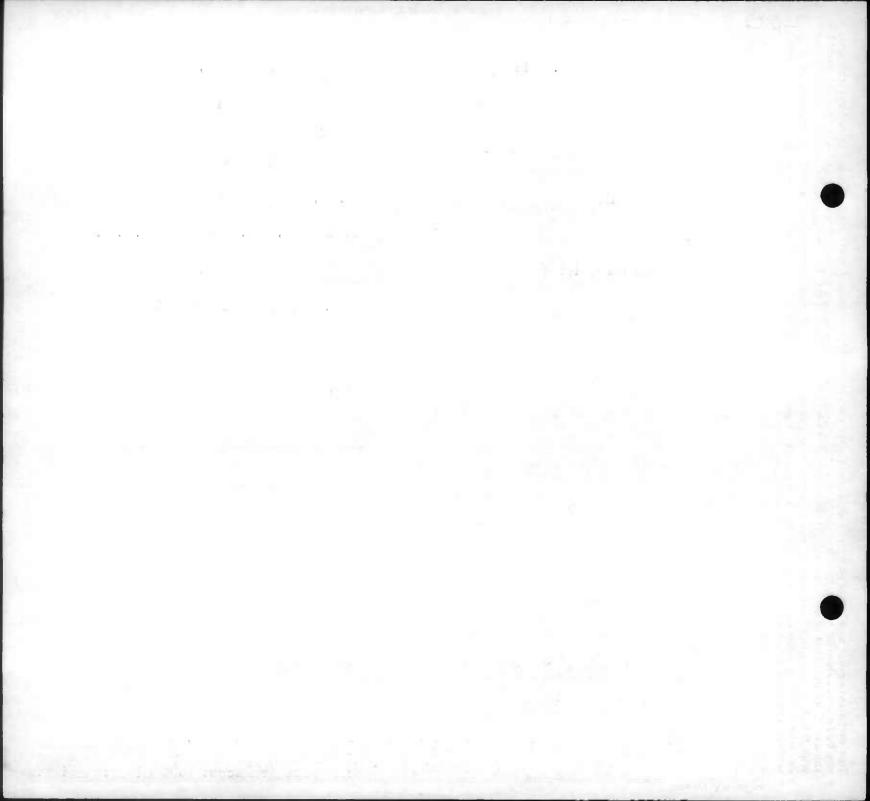


V\$ 150-REV. 1/1/65

	BALTIMORE CITY HEALTH DEPARTMENT	CE 40000
	BIRTH NO. 65 12681 CERTIFICATE OF DEATH Registered No.	65 12681
	M.E. CASE NO. 1. NAME OF DECEASED NICOUSTFVANKS. 2. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print)	830 DM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decessed lived, If	
1	INSTITUTION A	RURAL ond give township)
7	D. STREET ADDRESS (If rural, give location)	que.
a de	5. SEX MAKE 6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 4-9-1891 lost birthdow The second specify 1891 lost birthdow The second specify 1991 lost birthdow The s	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
si noi	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
sposii	done during most of working life, even it retired) News Post Ant Director Palto Md. 13. FATHER'S NAME Nicoll 1 Adam Lindsay Low	
0	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
t a	No 215-09-03/1-04-5011 4504 Kathla	nd Avenue
90 OF	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Palm	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	
8	DUE TO 4 O 1	
Is are	rise to the above cause (A) stoling the (C)	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ACTURE ANELLY ST. (a Lung Rt
the r	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED MASS in abdomen 1 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
efore	218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID or CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?	ore City, give exect locotion)
btained before the	OF INJURY (APPROX.) (Month) (Doyl (Yeerl (Hourl 21E, INJURY OCCURRED While At Work At Work	
0	0	2/11 1965.
t be	that (1) (we) last saw the deceased alive an	plnion death accurred an the date
must be		23B. DATE SIGNED
approval	23C. PHYSICIANS NAME (Type) VIGI UN OUT Than the netein scomm.D. March Gen. Ho.	319.
		City, town, or countyl (Stotel
Written	Burial 12/14/65 Loudon Park Cemetery Baltimore, M 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL DEC. 13 1965 (1975) 1975 (1975) 1	aryland
}	DEC 13 1965 P. C. D. E. Isworth Armacost 46	00 Liberty Heights



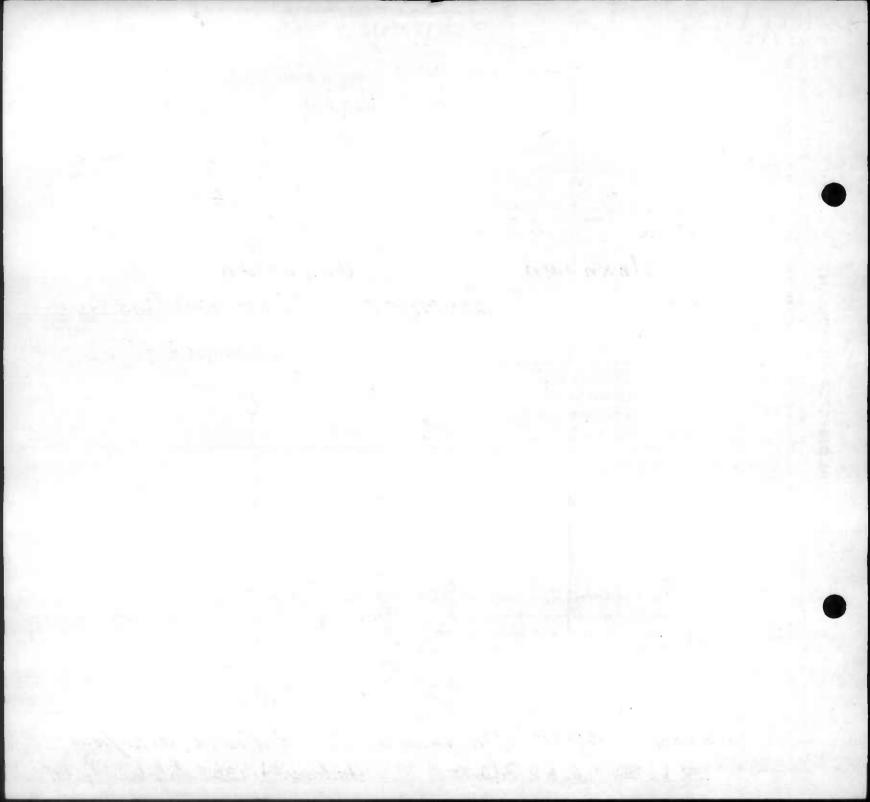
				BALTIMORE CITY	HEALTH DEPARTMENT		05 40000
	H NO.	65 1.2682		CERTIFICA	TE OF DEATH	Registered Na.	65 12682
1, N	AME OF DEC	EASED			2. DATE	AND HOUR OF DEATH	
		Maud E.	Mickey		Dece	ember 8, 19	65 M.
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI A. STATE B. COL	here deceased lived. If i JNTY	nstitution: residence before odmission)
-	FULL NAME OHOSPITAL OR	F (If not in hospital oddress or location		ive street	Maryland	Baltimore	RURAL and give township)
1		0.01 777 11 1	4		Baltimore D. STREET ADDRESS	If rural, give location)	
	3	801 Woodbin	e Avenu	.e	3801 Woodbi	ne Avenue	
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	tf Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F	emale	White	Wido	wed	Feb.20, 1873	lost birthdoys	Months Doy's Hours Min.
OA	USUAL OCCI	JPATION (Give kind of world			11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
don		working lite, even if retired)			Harrisburg,	Da	U.S.A.
3.	At Hom				14. MOTHER'S MAIDEN N		0.b.A.
	Sa	muel Zeiglei	<u> </u>			Ludwig	
Yes	was Deceased ,no or unknown	Ever in U. S. Armed For (If yes, give wor or dote	rces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No			None	Sue E. Koontz	z 3801 Wood	bine Avenue
	1B. 23	YYI		CAUSE O			INTERVAL BETWEEN
	DISEAS	E OR CONDITION DI	RECTLY			Α	ONSET AND DEATH
		LEADING TO DEATH		(A) E	enebral Bute	un elevoses	Years - 4whs, CHP - Years - balo
		at mean the made af asthenia, etc. II means		DUE TO			
		plication which caused		Q.	marketing 1 p. 1	2000	OHA Vance hade
		ANTECEDENT CAUSES		(B) (C)	uciacized ain	ans censor	- reach bull
	DISEASES C	R CONDITIONS, if	anv. aivina	DUE TO	0	,	
	rise la lhe	abave cause (A)		(C)			
	UNDERLYING	CONDITION last.					
ATION	TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	ATED TO THE				
	19A. DATE OF			HICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	0	WAS PER				IN CERTIFYING CA	AUSES OF DEATH?
AL C	OR CONTRIBU	TING CAUSE OF medical examiner	21 B. hometc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
MEDI	(APPROX.)		Whi	le At Not Whil			
			Wor				A 10
	22. I certify	that (1) (t his hospit a	l) attended th	e deceased fram		190 to (e)	ee, 8 1965
	that (I) (we)	last saw the decease	ed alive an	VLE-B	19 6 5 and	that In(my)-(arr) ap	inion death accurred on the date
	and hour and	from the causes sto	ted abave. (1) (We) (did) (did not) v	iew the bady after death		
	23A. SIGNATU	II.		, (, (, (23 B. DATE SIGNED
	6	Laurel Da	Mal	M.O. Atte	mding Med. Director	Stoff Phys.	12.10.65
	23C. PHYSICIX				23D. ADDRESS	A	4
	NAME	ypel By	MAI	M.D.	3600/00	acomport Ho	E. Boter (10)
244	BURIAL CRE	MATION, 248. DATE	24C NA	ME of CEMETERY OF CRE		LOCATION (C	city, town, or county)' (Stote)
	REMOVAL (S	ipecify)					
2.5	Burial	12/11/		uid Ridge Ce		Baltimore, N	
25A	. DATE REC'D	BY HEALTH DEPT.	25B. NAME 9	F REGISTRAR	250 FUNERAL DIRECT	Armacost	ADDRESS
		EC 13 1965	Walsell.	C. COLORED IN	Ellsworth A	rmacost 460	00 Liberty Heights
VS	150-REV. 1/1/6	5					



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such _

	BALTIMORE CITY	HEALTH DEPARTMENT	X	
BIRTH NO. M.E. CASE NO. 65	CERTIFICA	TE OF DEATH	Registered No.	12683
T. NAME OF DECEASED The Citype or Print	1 yleuns	2. DATE AND	HOUR OF DEATH	0
HOSPITAL OR oddiess or locoti	I or institution, give street	4. USUAL RESIDENCE (Where A. STATE B. COUNT) Maryland C. City or Town (If outsi	130	alto
Merth Charles Co	en. He njutal.	Baltimore	rol, give focotion)	200 Zone 27
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		AGE (In yeors If U Mon	Under 1 Yr. If Under 24 H ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired NETURES	Balto. Transit Co.	Maryland	1 country 12.	CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME UNKNOU		14. MOTHER'S MAIDEN NAM UNIX NOU	ピり	
15. Was Deceased Ever in U. S. Armed F (Yes, no or unknown) (If yes, give wor or do	tes of service) 16. SOCIAL SECURITY NO. 213-05-9985	Jessie F. Rolo:	ff 5510 Wil	LYS ANR.
(This does nat mean the made of heast failure, asthemia, etc. It mean injury as complication which couse ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove cause (A UNDERLYING CONDITION last.	ony, giving	unie Citmany	00	
	ATED TO THE IT. NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN	
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24A. BURIAL CREMATION, 24B DATE	M.D. Att. A	23D. ADDRESS 338W, Pratt	LS # CATION (City, tov	12/11/65 wn, or county) (State)
Bural (Specify) 12/14/25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR.	Contemp Ball 25C, FUNERAL DIRECTOR	timore, m	aufand ADDRESS
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of death Deceased hospital death. ance cause; (5) cause attend 0 0 prior contributing (4) Undetermined is made. in regular eceased disposition death Was direct assistant death LO kind; final attendance any pronounced OF his embaimed of fracture examiner regular Who are physician medical before the remains medical burns; physician was Body the chief the 0 (2) where the hospital °N nature; obtained 9 approved (except and any 0 of death) hospital

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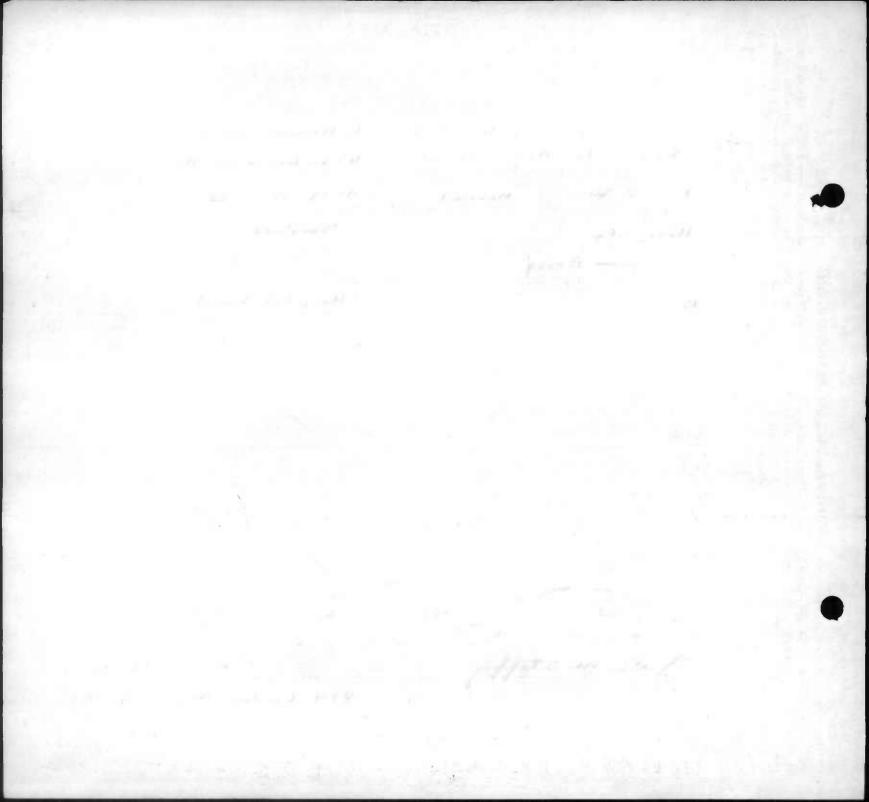
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BALTIMORE CITY HEALTH DEPARTMENT 12684 BIRTH NO. CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED MAG DALEN 2, DATE AND HOUR OF DEATH (Type or Print) 12 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Md FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN Ilf outside city limits, write RURAL and give township INSTITUTION Caeneral 24 D. STREET ADDRESS (If rurol, give location) 6730 Bessemer 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) 28-94 Married IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland NZV 7.wszooH 13. FATHER'S NAME HILLP FRIESNER 14. MOTHER'S MAIDEN NAME BUSSE 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotos of sorvice) SECURITY NO. Hospital No CAUSE OF DEATH INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 270. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Boltimore City, give exact location) MEDICAL DEATH (notify modical examiner) otc. 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX) At Work Wark 22. I certify that (1) (this hospital) attended the deceased from 11/20 1965 12 12 19 5 and that in (my) (aur) epinian death accurred an the date that (1) (we) last saw the deceased alive an and haur and fram the causes stated abave (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Phys. Director 23C. PHYSICIAMS NAME (Type) 23D. ADDRESS M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) 25B. NAME OF REGISTRAR 25C. FUNERAL-DIRECTOR ADDRESS



This certificote must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medicol exominer. Also, if the direct or contributing cause of death shows: (1) An occident of any nature; (2) Body burns; (3) A fracture of ony kind; (4) Undetermined couse; (5) Deceosed deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtoined before the remoins are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced death wos in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

			BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. 65 1266	783	CERTIFICA	TE OF DEATH	Registered No.	65 12685
1. N	IAME OF DECEASED	2		2, DATE ANI	HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	61		deceosed lived. If institu	ution: residence before admission)
				A, STATE 8, COUNT	Cela.	1 1
ŀ	FULL NAME OF (If not in hospital HOSPITAL OR oddiess or location NSTITUTION	or institution,	give street	C. CITY OR TOWN (If outs	ide city limits, write RUR	AL and give township)
~	Sinai Ha	sp tai	/	W: (/ 11 m5 9		#1 //-00
1	- // //				oral, give location)	,
				Falling ate		
5. S	M 6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	ost birthdoy)	Onths Doys Hours Min.
	. USUAL OCCUPATION (Give kind of world			11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF
don	e during most of working life, even if retired)	1		171.		WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	0-4
	12					
-	uther Bouers			Viola Fow	Ler	
5. Yes	Was Deceased Ever in U. S. Armed For s, no or unknown) (If yes, give war or date	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Falling Wa	aters Road #1
	No		212 50 9276	Mr. Luther B	0110100	amsport Md RFI
-	18. 2 -9.2 XI		CAUSE O	F DEATH	**	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	DECTI V	//		13	ONSET AND DEATH
	LEADING TO DEATH	KECIEI		Georic glomers	Mon chitis	8 Venus
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise la lhe above cause (A) UNDERLYING CONDITION last.	any, giving	DUE TO			
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IFIC	19A. DATE OF OPERATION 198. CON	FORMED	WHICH OPERATION for	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINITING CAUSE	NINGS CONSIDERS
TX	Pintal	il Hem		1/15 185	125	S OF DEATH?
AL CERTIFI	2PA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exemined)	218	PLACE OF INJURY (e.g., free, form, foctory, steet, of	n or obout 21C. WHERE DID	165	ty, give exact locotion)
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exeminer)	218, hometc.	PLACE OF INJURY (e.g., free, form, foctory, steet, of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore C	S OF DEATH?
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MEDICAL C	2PA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exemined) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost sow the decease and hour and from the causes stored and hour and from the causes are an analysis and hour and from the causes and hour and from the causes are an analysis and hour and from the causes are an analysis and hour and hour and from the causes are an analysis and hour a	(Hour) 21E, Wh Wo l) ottended the dolive on ted obove. (I	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED INJURY OCCURRED At Work he deceased from M.D. Atte Phy	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY 19 ond the view the body ofter deoth. 23D. ADDRESS 23D. ADDRESS 24D. LC	IRY OCCUR? In Solimore C. IRY OCCUR?	n deoth occurred on the dote B. DATE SIGNED 12-11-65 Nown, or county) (State)

VS 150-REV. 1/1/65

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FUNERAL DIRECTOR:

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A. STATE

(If outside city limits, write RURAL and give township)

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CERTIFICATE OF DEATH

			-			
2.	DATE	AND	HOUR	OF	DEATH	

2, [DATE	AND	HOUR	OF	DEATH

7	2	. 1.	0	Δ	

(Type or Print)

Frank E. Berterman

In.

December 11. 1965

4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission)

FULL NAME OF HOSPITAL OR INSTITUTION

(Il not in hospital or institution, give street address or location)

Baltimore City Hospitals 4940 Eastern Avenue

Baltimore, Maryland 21224

Baltimore D. STREET ADDRESS

Maryland

C. CITY OR TOWN

(If rural, give location)

21206 Willow Avenue

6. RACE 5. SEX Male White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Divorced

B. DATE OF BIRTH 3-6-1885

9. AGE (In years If Under 1 Yr. Monthsi Doys If Under 24 Hrs. lost birthday) Hours 80

IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired)

3. PLACE OF DEATH IN BALTIMORE MARYLAND

Shipyard

Balto. Md.

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? U.S.A

Tool Room

Frank

Berterman Sr.

Elizabeth Johnson

ADDRESS

5, Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give war or dates of service)

6. SOCIAL

21224 RECORDS: BCH 4940 Eastern Avenue

CAUSE OF DEATH INTERVAL BETWEEN 5 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DA. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONS 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WERE FINDINGS CONSIDERED WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office btdg., INJURY OCCUR? (If in Baltimore City, give exact facation) DEATH tnotify medical examiner etc.) MEDICA 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Dov) (Year) (Hour) OF INJURY Not White

While At

(APPROX.) At Work Work 22. I certify that this haspital attended the deceased from

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_____196____and that in(my) (aur) apinion death accurred an the date

and haur and from the causes stated abave (1) (We) (813) (did nat) view the bady after deoth. 23A. SIGNATURE

23 C. PHYSICIAN'S

Attending Phys. M.D. 23D. ADDRESS

Med.

23 B. DATE SIGNED

NAME (Type) 24A. BURIAL CREMATION, 24B. DATE

Dr. Kenneth Tucker

that (1) (we) last saw the deceased alive an.

M.D. 24C, NAME of CEMETERY of CREMATORY

4940 Eastern Avenue Balto., Maryland 24D. LOCATION (City, town, or county)

John F. Milter Inc-6415 Belair Rd. -21206

Balto. Md.

Burial

REMOVAL (Specify)

Mount Olivet (emetery 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

V\$ 150-REV. 1/1/65

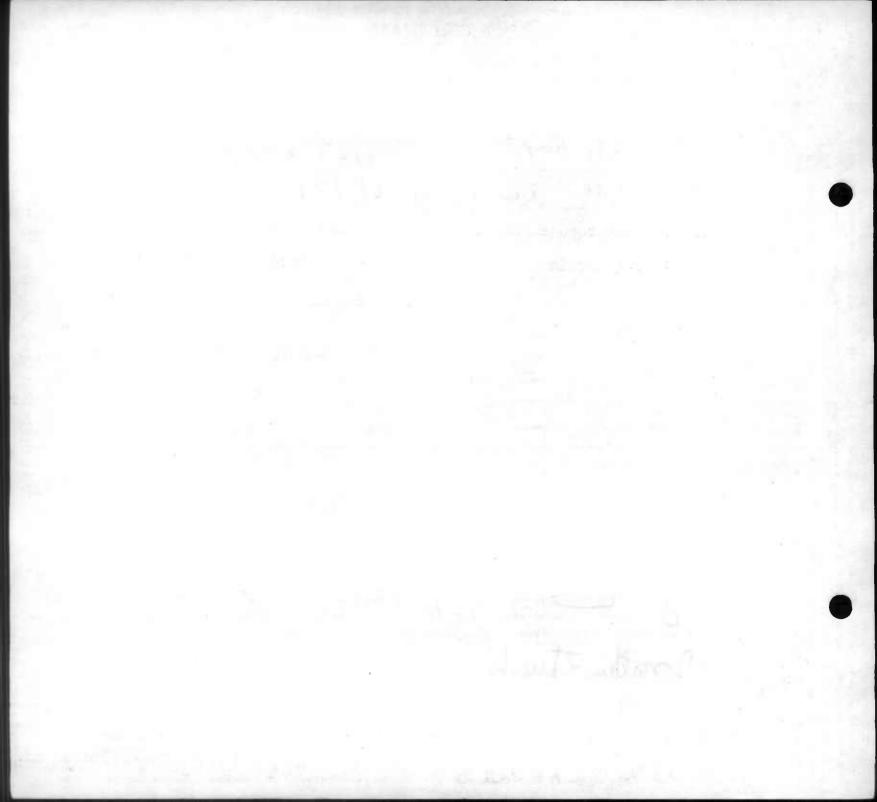
where ta the haspital N any nature; approved by 9 (except pup eath) 6 the bady was released haspit accident ŏ 0 O certificate priar to An D.O.A. shows: (1) eceased SD M

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		BALTIMORE CITY	HEALTH DEPARTMENT				
,	RTH NO. 65 12687 CERTIFICATE OF DEATH Registered No. 65 12687						
1, N	case NO. AME OF DECEASED or Printing Corac Martin		12 11 65 7:05 AM				
	LACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF (If not in hospital or institut	ina augus atract	A. STATE B. COUNT	deceased (ived. If insti	itution: residence before admission		
H	OSP(TAL OR address ar lacotion) NST(TUTION		1 100.100	0	RAL and give township)		
8	University Hospi	tal		urol, give lacotion)	ve		
	iale white Wiod	WED, DIVORCED (specify) Wer Married	6/11/8/9 83	7/682	If Under 1 Yr. If Under 24 H Manths Days Hours Min.		
dane	usual occupation (Give kind of work) 10 & KING during most of working life, even it retired) Retired Railroad emp1	o of Business or Industry	11. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?		
13. F	George Martin		Ida Barre	-			
(Yes	Vas Deceased Ever in U. S. Armed Farces? ,na or unknown) (It yes, give wor or dotes of servi .known	ce) 1 6. SOCIAL SECURITY NO.	Ida Hickman	Rock Hal	1, Md.		
NO	LEADING TO DEATH (This does not meen the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	(B)	reumonia				
RTIFICATI	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of No)	208, IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?		
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, off etc.)	or about 21 C. WHERE DID	(If in Baltimare (City, give exoct tacotion)		
0	OF INJURY (APPROX.)		21F. HOW DID INJU	IRY OCCUR?			
-	22. I certify that (I) (this hospital) attended the deceased from 2/10 1965 to 12/11 1965 that (I) (we) last sow the deceased alive an 12/11 1965 and that in (my) (aur) opinion death occurred on the date						
	ond haur and fram the couses stoted obove. (I) (We) (did) (dld not) view the body ofter deoth.						
	23A. SIGNATURE	Phys	Director U	Stoff Phys.	12)11/65		
	23C. PHYSTCIANS WAME (Type) Donathan Tue	ref M.O.	3D. ADDRESS Univers	ity #	ospital.		
	Burial (Specify) 12/13/65	c. NAME of CEMETERY of CREE Wesley Chapel		ock Hall,	, town, or county) (State Maryland		
25A	DEC 14 1965 PO A 9	ME OF REGISTRAR	25C FUNERAL DIRECTOR		Chestêrtown,		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY			
мятн NO. 65 12688	CERTIFICA	TE OF DEATH	Registered No.	5 12688
M.E. CASE NO.	11-	2. DATE AND	HOUR OF DEATH	0000
Type or Print	MITHOUSE		-11-65	91000
PLACE OF DEATH IN BALTIMORE, MARYLAND	esany	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admissio
	(/	A. STATE B. COUNT		
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	on, give street	C. CITY OR HOWN (If odis	BALTIN	ORE
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linion, Mens	real	D. STREET ADDRESS (If it	rol, give location)	1-01
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SEX 6. RACE / 7. MARRI	IED, NEVER MARRIED		, AGE (In years	If Under 1 Yr., If Under 24 H
	WED, DIVORCED (specify)	1	ost birthdoy)	Months Doys Hours Min.
0A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OF INDUSTRY	8-6-1888	n country)	12. CITIZEN OF
one during most of working life, even if retired)	-46			WHAT COUNTRY?
HOUSEWIFE 3. FATHERS NAME		By LT IMORS	mb	u.SA.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	E	
TOPE BUS CELLIS		inknown	KALAH	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	CINCIII	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service				BALTMORKIZ
No	212-01-1498 H	miss HELE	O JUNG:	1748 MONTPBLIE
1B. 420111				ONSET AND DEATH
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heart failure, asthenia, etc. It means the disea	ose,			
injury or complication which coused death.)	a Core	swy arlen	Selectors	Shuer
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. 65 12	689	CERTIFICA	TE OF DEATH	Registered Na.	65 12689
1.1	E. CASE NO.			2. DATE	AND HOUR OF DEATH	1065 1000
	pe or Print) Catheri		te .		•	1905 / M.
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND		A. STATE B. CDL		astitution: residence before admission)
	FULL NAME DF (If not in hospital HOSPITAL DR oddress ar lacation INSTITUTION	or institution, n)	give street	Maryland	outside city limits, write	RURAL and give township)
A	House in the Pin	es I	Bel Aire	Baltimore		
0	5837 Belai	r Road			If rurol, give location) nmount Avenu	e (18)
	Female White		D, NEVER MARRIED ED. DIVORCED (specify)	8-26-88	9. AGE (In years lost birthdox) 7	If Under 1 Yr. II Under 24 Hrs. Months; Doys Hours Min.
	USUAL OCCUPATION (Give kind of worle during most of working lite, even if retired)	108. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
001	Housewife	Ow	n Home	Marion, N.	Car.	U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N		
	Robert Mo	Call		Sally	(unknown)	
15. (Ye	Was Deceased Ever in U. S. Armed For s,no or unknown) (If yes, give war ar date	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		- 213-01-1201	Joseph G. Tate	2529 Gre	enmount Avenue (18)
	18.44 2 2 . 11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY	2	NEUNIANI	0	
	LEADING TO DEATH (This does not mean the made of	duine on	(A)	YEU MONI	14	12-6-65
	heart foilure, asthenia, etc. It means injury ar camplication which coused	the disease				
	ANTECEDENT CAUSES		(B) CHR	ONIC MYDE	ARDIAL DI	S. Forser years
	DISEASES OR CONDITIONS, if		DUE TO	/		
	rise to the obove cause (A)		(c) (DE)	Y. ARTERIOS	- A	
	UNDERLYING CONDITION last,			chronic Dra	in syndron	(e)
N	OTHER SIGNIFICANT CONDITIONS C			. *		
ATION	TO THE DEATH BUT NOT RELA		HE			
ERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 ha	me, larm, factory, street, a	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Bottimor	e City, give exact locotion)
DIC	21 D. TIME (Manth) (Day) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
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	22. I certify that (1) (this hospital		ork At Work	111011	10 65	Dec. 1965
	that (1) (we) lost saw the decease		1) ()	19 65 and	19	
	and hour and from the causes star			//		nian death occurred an the date
	23A. SIGNATURE	red abave	(1) (4-6) (dig) (410-1101) (view the bady after death	1.	23B, DATE SIGNED
	Cleb K. Ole	du	ace M.D. Atte	ending Med. S. Director	Stolf Phys.	12-10-65
	23C. PHYSICIAN'S NAME (Type)	. /		23D. ADDRESS		
	I ITLFRED K.	WIE	MANN M.D.	115 PAR	K AVE -	BALTIMOREI
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C.1			LOCATION	ity, tawn, or county) (State)
-	Removal 12/14/6				Marion, Nort	
25/	A. DATE REC'D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	1 1 17 1		aul St. ADDRESS
		7	0 0 0	Wm. Gook-Bro	oks Inc. Bal	timore, Md. 21202

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VS 151-REV. 1/1/65

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5 126 TEDICAL EVANINED'S CEDTIFICATE OF DEATH

BIRT	н NO. Ü	3 Tead	MEDI	CAL EX	CAMINER'S CE	ERTIFI	CATE OF I	DEATH Regis	stered No	
-	CASE NO.									
(Ty	De or Print)	CEASED						D HOUR PRONOUN	CED DEAD	
KENNETH M. HEPLER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					12-12-65 12:20 P. M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Mary 1 and					
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN ADDRESS C	HOSPITA OR LOCA	L OR INSTITUTION)	UTION, GIVE STREET	C. CITY	OR TOWN (If outsid	e corporate limits, w	rite RURAL	ond give township)
	MAR	YLAND GEI	NERAL	HOSPIT	CAL - DOA	D. STREET	cimore Address (If rurol, N. Eutaw S		11	03
5. \$	Male	6. RACE White		WIDO WED,	NEVER MARRIED DIVORCED(specify) Divorced	9-28-		9. AGE (In yeo lost birthdoy)		Doys Hours Min.
					F BUSINESS OR INDUSTRY				12. CITI:	ZEN OF
don	Ticket	working life, even i Taker	f retired)	Movie	Theater	Fai	rview Town	ship, Pa.	WH	U.S.A.
13.	FATHER'S NAM	1E					ER'S MAIDEN NAM			Uabana
	John	n Smiley	Heple	er		Anne	(Unknown)			
15.1	WAS DECEASE	D EVER IN U.S.	ARM ED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORA	MANT		ADDRES	SS
	Yes	WW1			214-20-9830	Clare	nce M. Hep	ler RD#1 B	utler.	Pa.
	1B. //	31				OF DEAT			,	INTERVAL BETWEEN
	1	SE OR CONDIT	TION DIS	ECTLY						ONSET AND DEATH
		LEADING TO	DEATH		(A) Arte	riosc1	erotic car	diovascula	r disea	se
	heort foilure,	not meon the i	It meons	the diseose.	DUE TO					
	injury or co	mplication which	coused	16 OTN. /						
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,					****		***************************************	*******************************	
Z					(C)					
ERTIFICATION	TO THE	II NIFICANT CONI DEATH BUT	NOT REL	ATED TO T						
RT		R CONDITION O			WHICH OPERATION	20A AI	TOPSY2 (Ves or No.)	208 IE YES WEDE	FINDINGS	CONSIDERED
2			VAS PERF		THE STERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
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	OF INJURY (APPROX.)	(Month) (Doy	/) (Yeor)		WHILE AT NOT		21F. HOW DID INJ	JKI OCCUR!		
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	SIGNAT	URE_//	111-	while	M.D.		NT MEDICAL EX			
	EXAMIN NAME ((ER'S Type) RI	USSEL	L S. FI	ISHER, M.D.	ASSOCIA	TE MEDICAL E	KAMINER		12-13-65
	BURIAL CRE	MATION, 23B.	DATE		C. NAME of CEMETERY o	CREMAT	ORY 23 D. L	OCATION (C	ity, town, or	county) (State)
KE	MOVAL (Specify Burial	1 :	2/15/	65	Baltimore Nat	iona1	C	atonsville	. Md.	
24/		BY HEALTH DE		248. NAME	OF REGISTRAR		FUNERAL DIRECTOR			ADDRESS
	DEC 14	1965	lord	E . 201	5 Fi O O		Cook-Broo	ks Inc. 12	217 St.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT

C- 450 CF 1000	BALTIMORE CIT	Y HEALTH DEPARTMENT		7, -1 54
C-450 65 1269:	CEPTIFICA	TE OF DEATH	Registered No.	85-1269174
M.E. CASE NO.	CERTITICA			20 TC03T
(Type or Print) Thomas J. Ca.	llahan		12/10/65	1905 P
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	A. STATE B. CC	UNTY	stitution: residence before admission
FULL NAME OF (If not in hospital or in: HOSPITAL OR oddress or location)	stitution, give street		outside city limits, write I	O O O O
INSTITUTION Baltimore Cit		011	ve	CORAL ONG GIVE TOWNSHIP
4940 Eastern	Avenue	D. STREET ADDRESS	(If rural, give location)	
Baltimore, Ma	aryland 21224	305 8	Paca St	21201
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
		B. Ld	md	TECA
Stock Room Clerk		14. MOTHER'S MAIDEN		U J A.
Thomas J. Callahan 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of N. s.	213-10-4787	Annie McDona 17. INFORMANT Patrick RECO		Eastern Avenue 212
DISEASE OR CONDITION DIRECT		Cerchal 7	Zoma best	ONSET AND DEATH
(This does not mean the mode of dyin heart foilure, osthenio, etc. It means the injury or camplication which caused dea	ng, e.g., DUE TO disease,			`
ANTECEDENT CAUSES	(B)	~~» » » » » » « « « « « » » » » » « » «		
DISEASES OR CONDITIONS, if ony,				
rise to the above cause (A) state UNDERLYING CONDITION last.			av	
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING To the	16515-	Alcoholem	
	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DII office bldg., INJURY OCCUR	O (If in Boltimore	City, give exact location)
OF INJURY (Month) (Doy) (Year) (H	OUT) 21E. INJURY OCCURRED While At T Not Wh		INJURY OCCUR?	

22. I certify that (I) (this hospital) attended the deceased from

that (I) (we) last saw the deceased alive an. and that fn(my) (our) opinion death accurred on the date

and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.

Im	and L	M.D.	Attending Phys.
. PHYSICIAN'S	1		23 D. AT

23B. DATE SIGNED

DDRESS 4940 Eastern Avenue Balto., Md. 21224

By 24D. LOCATION (City, lown, or county) (Stote)

24A. BURIAL CREMATION, 24B. REMOVAL (Specify)

ial 12/13/65 New Cathedral Cemetery Baltimore, Maryland REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

C 14 1965 Cook Brooks Inc. 1217 St. 1

Cook Brooks Inc. 1217 St. Paul St. 21202

VS 150-REV. 1/1/65

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PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Who		If institution; residence before admi-
FULL NAME		or institution, give street	MARYLAND,	BALTIN	ite RURAL and give township)
HOSPITAL OF	oddress or locotic	101	C. CITY OF TOWN (If of	utside city limits, wri	ite RURAL and give township)
/-			D. STREET ADDRESS (IF		00
		1 11 - 0 5701			_
SEX	macho KIA	17. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
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No		v 090-07-4939	GEORGE FLA	7CKOS -	INTERVAL BETWEEN
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(This does	not mean the mode at	dying, e.g., DUE TO	MININAMAGE		LNKNOWN
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	e, asthenia, etc. II means	s the disease,			
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Greek Orthodox Cemetery
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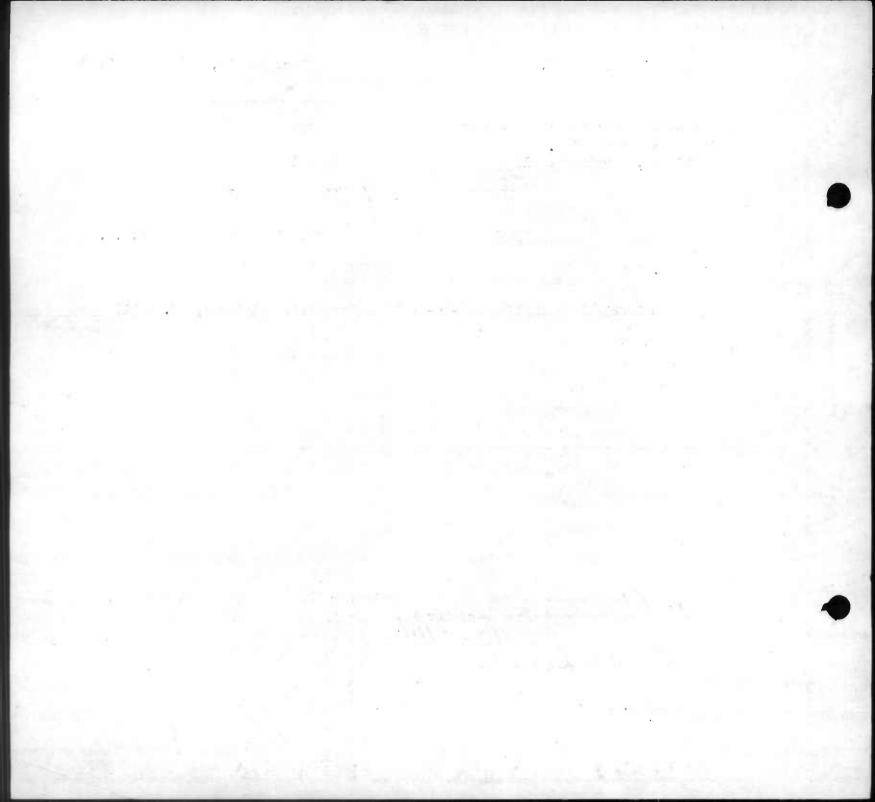
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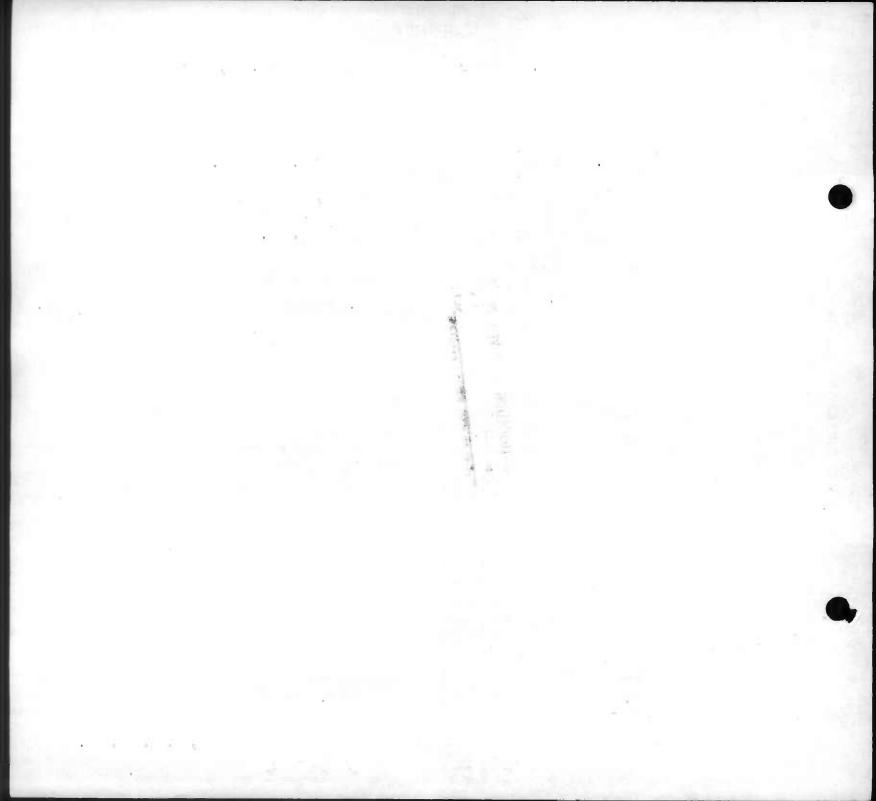
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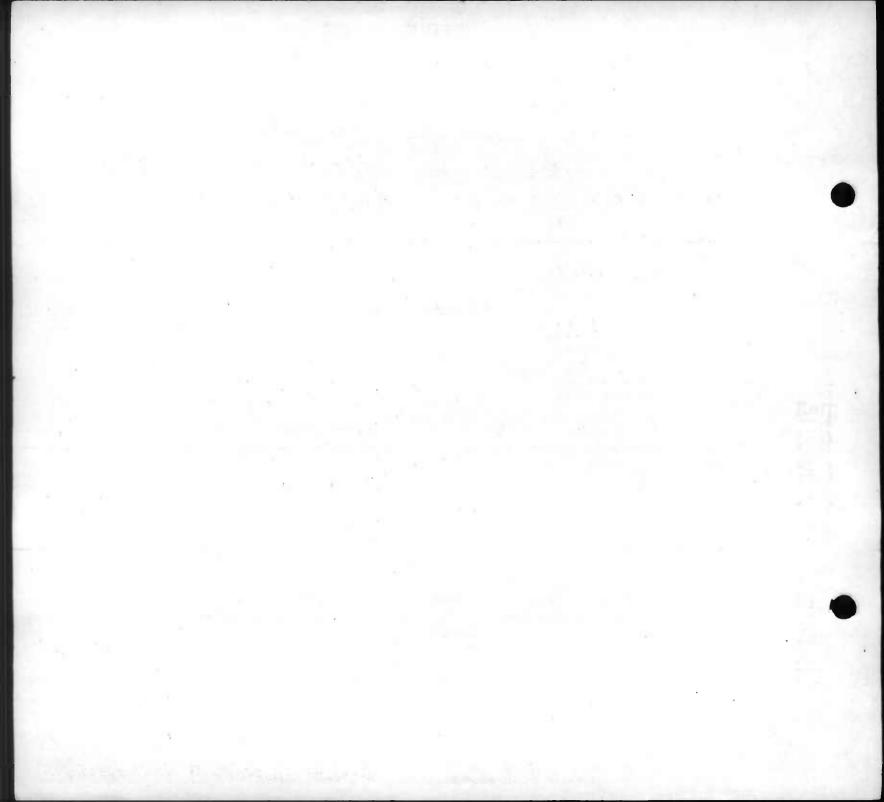
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This certificate must be c	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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		BALTIMORE CI	TY HEALTH DEPARTMENT	
BIRTH N	65 1.26	93 CERTIFIC	ATE OF DEATH Registe	ered No.
M.E. CA	ASE INO.	OS GERTITIO		00 16693
(Type or	Print) SMULLEN, ELMER C		December 10	
3. PLAC	E OF DEATH IN BALTIMORE, MAR			lived. If institution: residence before admission)
£1111	NAME OF (If not in hospital o	r institution, give street	MARYLAND, WORCESTER	
HOSE	PITAL OR oddress or location))	C. CITY OR TOWN (If outside city lim	nits, write RURAL ond give township)
Vet	cerans Administration	on Hospital	SNOW HILL	23-00
390	00 Loch Raven Blvd.	-	D. STREET ADDRESS (If rurol, give to	ocotion)
Bal	timore, Maryland 2	1218	ROUTE # 1	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In lost birthdoy)	
MAI	LE WHITE	MARRIED	6/22/22 43	
	JAL OCCUPATION (Give kind of work) ing most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		BTILMDTMC	CMOL HITT MADVIAND	U.S.A.
	MBER HERS NAME	PLUMBING	SNOW HILL MARYLAND 14. MOTHERS MAIDEN NAME	U.D.A.
TAB	ATC C CMITTEN		MARTHA JANE TRUITT	
	MES C. SMULLEN Deceased Ever in U. S. Armed Force	es? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no	orunknown) (If yes, give wor or dotes	of service) SECURITY NO.	INTORNALI	AUDICO3
YES	3 10/23/12 To	12/1/45 216-18-8158		
1B.	163 X 1		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE			
(Th	is does not mean the made of	dying, e.g., DUE TO	PIRATORY INSUFFICIENCY	**************************************
hed	art failure, osthenia, etc. It means	the disease,		
tinje			CINOMA LUNG	4 MONTHS
	ANTECEDENT CAUSES	DUE TO	gi aylada ii Nai dh. bhi dhe e a edhail Ne dhi. bhi a a a a a a a a a a a a a a a a a a a	
	SEASES OR CONDITIONS, if o			
	DERLYING CONDITION last.	(0/		
	- 11			
	HER SIGNIFICANT CONDITIONS CO			
A DIS	SEASE OR CONDITION CAUSING IT.			
THE CERTIFIC AND THE STATE OF T	DATE OF OPERATION 198. COND	ORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YI	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
U 21 A	ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID	in Boltimore City, give exact location)
& DEA	CONTRIBUTING CAUSE OF ATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
		(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
5	INJURY PROX.)	While AI Not W	hile —	
		Work At Wo		
22.	I certify that (1) (this hospital)	ottended the deceased fram		December 10, 1965
tho	t (1) (we) last sow the deceased	olive on December 14,	1965	(our) aplnion deoth occurred on the date
ond	hour and from the causes state	ed obove. (1) (We) (did) (fig hot)	view the body ofter deoth.	
	SIGNAPORE	0		23B. DATE SIGNED
	Vand M Le	M.D. A	Med. Stoff Nys. Director Phys.	12/10/65
23C	PHYSICIAN'S		23D. ADDRESS	1
	PAUL M. LEAND	M,I	TA HOSPITAT BATTIMODE	MA PYT A NT
24A. BU	RIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of C	VA. HOSPITAL BALTIMORE,	(City, town, or county) (Stote)
RE	MOVAL (Specify)	2 7 11 1	7 //	1.1.1
Du 25A DI	ATT REC'D BY HEALTH DEPT.	5 Parksley Cer 25B. NAME OF REGISTRATE	netery 3+Ks/e	4 Virginia
DE	and a second Ar	A POR S IN IN	1 2 SC. FUNERAL DIRECTOR	ADDRESS
		E GOLD TO	Jonnan T. Him	us, Snow Hill, Mel.
A 2 20-	REV, 1/1/65	,		





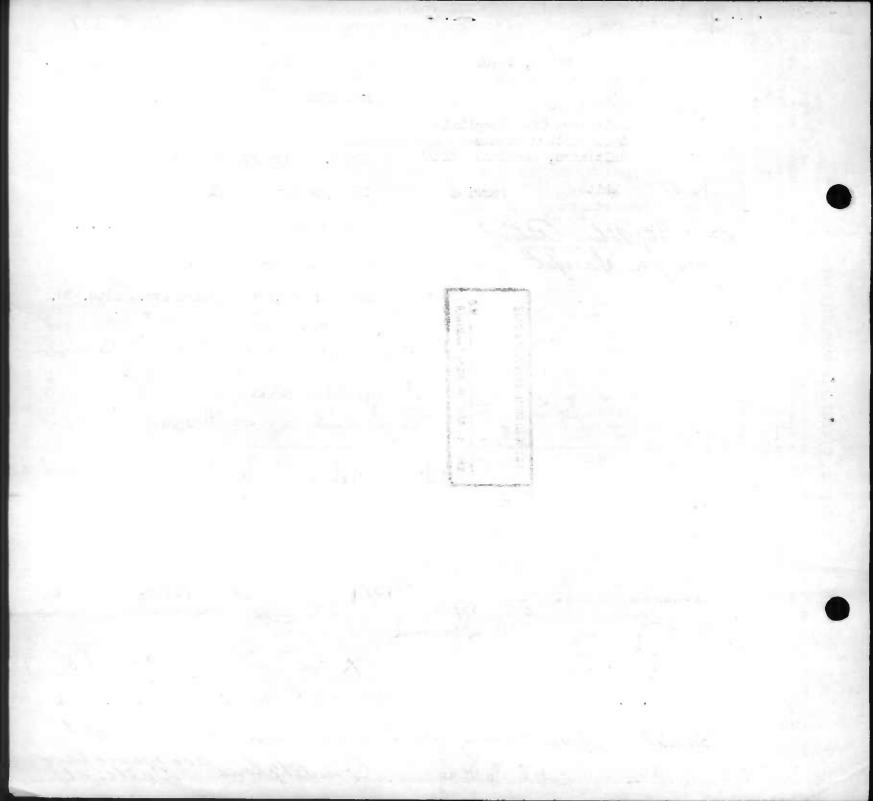


VS 151-REV, 1/1/65

- 1	1 /1	10000					
	BIRTH NO.	12695 MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH Registered	Na 65	1269

MEDIC M.E. CASE NO.	AL EXAMINER'S CI	ERTIFICATE O	F DEATH Registe	red No. 12636
1. NAME OF DECEASED		2. DATI	E AND HOUR PRONOUNC	ED DEAD
(Typo or Print) ROBERT	WILSON	De	ecember 10, 196	65 3:20 A
HOSPITAL OR ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	Maryland	1	itution: rosidence be(ore admission) JNTY RURAL and give township)
ΝΟΙΤΟΤΠΖΙΝΙ		Baltimor	re	-03
Maryland General Ho	ospital /	D. STREET ADDRESS (IF 1776 N.	Gay Street	
	MARRIED, NEVER MARRIED FIDOWED, DIVORCED (specify)	12-13	42 9. AGE (In yours lost birthday) 22	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	R KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no or unknown) (II yes, give wor or dotes of		17. INFORM ANT		ADDRESS
18.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of di- heart failure, asthonio, etc. It means the injury or complication which caused dea	ying e.g., (A) Multi of discose,	ple Traumatic	Injuries.	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATIONS AND CONDITION CAUSING IT	TED TO THE			
19A. DATE OF OPERATION 19B. CONDI-	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CAU	
Q 21A, EXTERNAL CAUSE WAS O UNDERLYING SOR CONTRIB- UTING □ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, fam, (octory, steet, etc.) Street	Jones Fa	or alls Expressway	y, Baltimore//-0
OF INJURY (APPROX.) 12 10 65	A WHILE AT NOT AT W	WHILE X Passenge	er in auto into	o fixed object.
1 certify that I held on ling			an this bosis, death In r	
resulted fram: Natural cause	es Accident \[\text{X} \] Suicid	de	Undetermined mann	er
ACTUAL SIGNATURE EXAMINER'S	X	ASSISTANT MEDICA ASSOCIATE MEDICA	L EXAMINER X	12/10/65
NAME (Type) Charles S.	Petty, M.D.			
23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	165 MT.	ALVARY	A. A. Cou	ADDRESS
DEC 14 1965 A D	248, NAME OF REGISTRAR	24C. FUNERAL DIRE	B. North.	1304n. Centra

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Maryland

Charch Home and Hospital Baltimore

Charch Home and Mospital 826 Riverside Drive

Female White Married 5/19/1907 58

Maryland

William Burke Physin Fetter

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19299	DALTIMORE CITT TILALITI DEL'ARTMEN

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR PRONOUNCED DEAD 1. NAME OF DECEASED (Type or Print) Dec. 11. 1965 CHARLES 2:30 A.M. BLOSS 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland ESSEX. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore Co. - Essex City Hospital D. STREET ADDRESS (If rurol, give location) 706 Mace Ave. 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify) Months, Doys, Hours, Min. Male White idomes 82 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME Jermann 14. MOTHER'S MAIDEN NAM 7. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL ADDRESS SECURITY NO. (Yes, no or unknown), (If yes, give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hemoperitoneum due to rupture of LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Alogspleen. ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bldg, INJURY OCCUR? 21A, EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB-Mace Ave., Essex - Baltimore Co., Md. Street 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Dov) (Yeor) (Hour) OF INJURY Struck by car while crossing the street (APPROX.) Dec. 3:15 A WHILE AT NOT WHILE 4,65 22. Autopsy X certify that I held an Inquiry Inspection and that on this basis, death in my apinion resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER K SIGNATURE. Dec. 11, 1965 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Werner U. Spitz M. D. NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) awn

ADDRESS Balto, ce au. 21

24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR

V\$ 151-REV. 1/1/65

24C. FUNERAL DIRECTOR

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	approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	
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FUNERAL DIRECTOR: IMPORTANT	hie	0	po	
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accident of hospital

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the body was released shows: (1) An accident

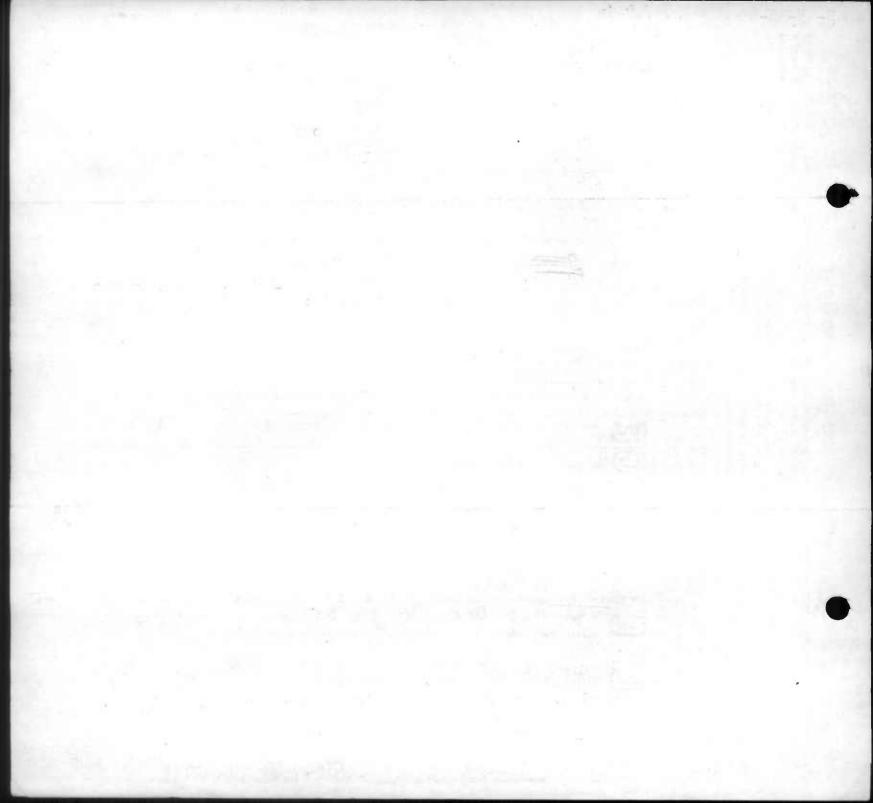
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. RTIFICATE OF DEATH Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) S EN 12-10-4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY death. 3. PLACE OF DEATH odynission) lived. If institution: residence before FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital or institution, give street alpo oddress or lacotion) (Il autside city limits, write RURAL and give township) 0 prior D. STREET ADDRESS (If rural, give lacation mad MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH I Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) Hours Min. IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR BIRTHPLACE (State or loreign country 12. CITIZEN OF done during most al warking life, even if retired) WHAT COUNTRY! disposition Getires Fine the 13. EATHER NAME 14. MOTHER'S MAIDEN NAME LO S. Was Deceased Ever in U. S. Armed Farces ADDRESS 6. SOCIAL 17. INFORMANT final Yes, na ar unknawn) (If yes, give war ar dates at service) SECURITY NO. attendance 220-44-592 10 OF INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., embal heart foilure, ostherio, etc. It means the diseose, regular injury or camplication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving to the obove couse (A) stoting the E. remains UNDERLYING CONDITION lost. MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID hame, (arm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF å AL DEATH (natify medical examiner) MEDI obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 9 OF INJURY While At Nat While (APPROX.) and Wark At Wark 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an... and that in (my) (our) apinion death accurred on the date death) and hour and from the causes stated above. (I) (We) (did) (did nat) view the body ofter deoth, must 23A, SIGNAPURE 23B. DATE SIGNED Attending Phys. Med. 0 approval Director 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS prior deceased p 24A. BURIAL CREMATION, 24B. DATE CEMETERY OF CREMATORY 24D, LOCATION town, or county) REMOVAL (Specify) awn 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS Post E. VS 150-REV. 1/1/65

IN HODREN FLECKENSIEU SIEUS MERCY Hosp. IN C The state of the state of the state of 12-10 12-165 65 12-10 Rugento Manantiff Ruperto MAKINKI

SAB-45-31-52

BALTIM	NORE CITY HEALTH DEPARTMENT	
BIRTH NO. 65 2986 65 12701 CERT	TIFICATE OF DEATH Register.	ed No. 65 12701
M.E. CASE NO. 1. NAME OF DECEASED (Typo or Print) MERCER Delores half	girl 2. DATE AND HOUR OF	DEATH 9,20 +
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	ved. If institution: leginance before admissi
FULL NAME OF (If not in hospital or institution, give street	Maryland	202
HOSPITAL OR oddiess or location) INSTITUTION		s, write RURAL and give township)
Baltimore city Hospital	Baltimore D. STREET ADDRESS (If rurol, give local	
the way		
S. SEX _ [6. RACE 7. MARRIED] NEVER MARR	107 Albemarle Stree	
WIDOWED, DIVORCED		Months Doys Hours Min
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working lile, even if retired)	n argland	USA
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
Roland Mercer	Delah Byld	
S. Wos Deceased Ever in U. S. Armod Forces? Yes, no or unknown Uf yes, give wer or dates of service SECURITY	17. INFORMANT	ADDRESS
Yes, no or unknown (If yes, give wor or dotes of service) SECURITY	Records:BCH-4940 Easte	A-1004
18.	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	_ L	ONSET AND DEATH
LEADING TO DEATH	I monaturity	5 min
(This does not mean the made of dying, e.g., D heart failure, osthenia, etc. It means the disease,	UE TO	, ,
injury ar camplication which coused deoth.)	V	
ANTECEDENT CAUSES	UE TO	WWW.0000007.000.000.000.000.000.000.000.
DISEASES OR CONDITIONS, if any, giving		
rise to the abave cause (A) stating the (C UNDERLYING CONDITION lost.	0)	7 m 45 0 4 h hip-ank kek h h d d-p-h k
II.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION CAUSING IT.	120 A ALIES BOYS (V Mall 200 AF AFE	WERE ENDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	IN CERTIFY	ing causes of Death?
U 21A ACCIDENT WAS UNDERLYING 21B. PLACE OF IN	JURY (e.g., in or obout 21 C. WHERE DID (If in	Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF homo, form, foctor etc.)	y, street, office bldg., INJURY OCCUR?	
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCC	URRED 215. HOW DID INJURY OCCUR?	
While At	Not While	
Work	At Work	
22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased dive an	from 11-28- 19 65 to	11-28- 19 6
that (1) (we) last saw the deceased alive an 17	19 65 and that In (my) (our) opinion death occurred on the
and hour and fram the causes stated above. (1) (We) (did)	(dld not) view the bady after death.	
23A. SIGNATURE		23B, DATE SIGNED
M Haralge	M.D. Attending Med. Stoff Phys.	11-28-65
23C-PHYSICIAN'S NAME (Type)	23D. ADDRESS Of - A	4-2-
rasser hadolf	M.D. 4940 Eastern Avenue Ba	ltimore.Maryland .
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME		(City, town, or county) (Stot
Cremated 12-1-1965 Baltimore	City Hospitals Baltimo	no Manuland
25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 14 1965 A D A D 32 0 00 6	HOSPITAL DI	SPOSAL
VS 150-REV. 1/1/65	The state of the s	The Allertan





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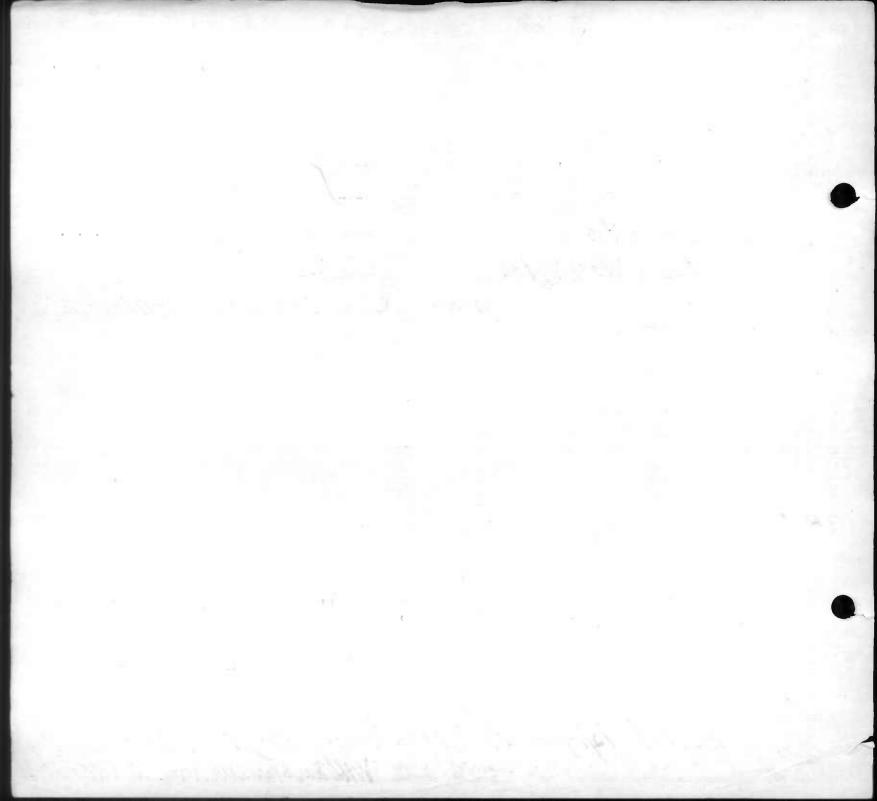
prior

made.

BALTIMORE CITY HEALTH DEPARTMENT 65 12703 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF CEATH (Type or Print) Ethel Arthur December 9, 1965 RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street FULL NAME OF Maryland HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township INSTITUTION Provident Hospital Baltimore
O. STREET ADDRESS 1514 Division Street (If rural, give location) Baltimore, Maryland 1411 Division Street 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Days tast birthday) Hours Negro Female Negro Widowed 5-5-1896 69
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Female 12. CITIZEN OF WHAT COUNTRY? done during most of working life, eyen if retired) U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Fores??
(Yes, na ar unknown) (If yes, give war ar dates of service) 1 6. SOCIAL ADORESS SECURITY NO. 1B, CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES

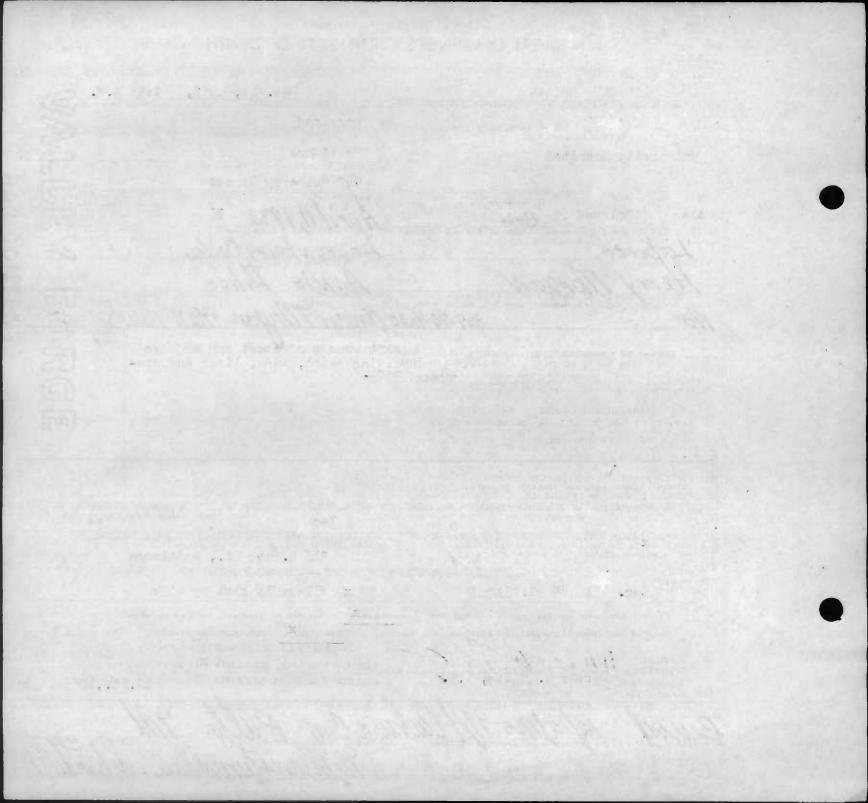
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examined) etc.) 210. TIME OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At [(APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from October 7. to December that (1) (we) last saw the deceased alive an December 9. 65 and that In(my) (aur) apinian death accurred on the date .19... and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B, OATE SIGNED Altending M.D. Med. 12-9-65 Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Division Street 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) written

25C. FUNERAL DIRECTOR

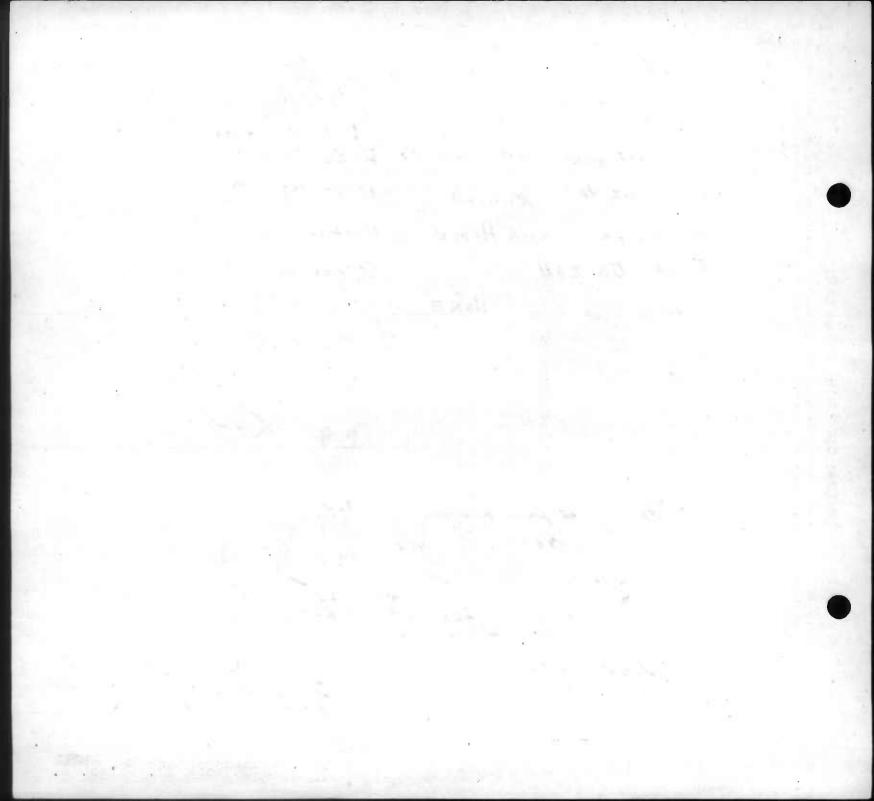


65 12701 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

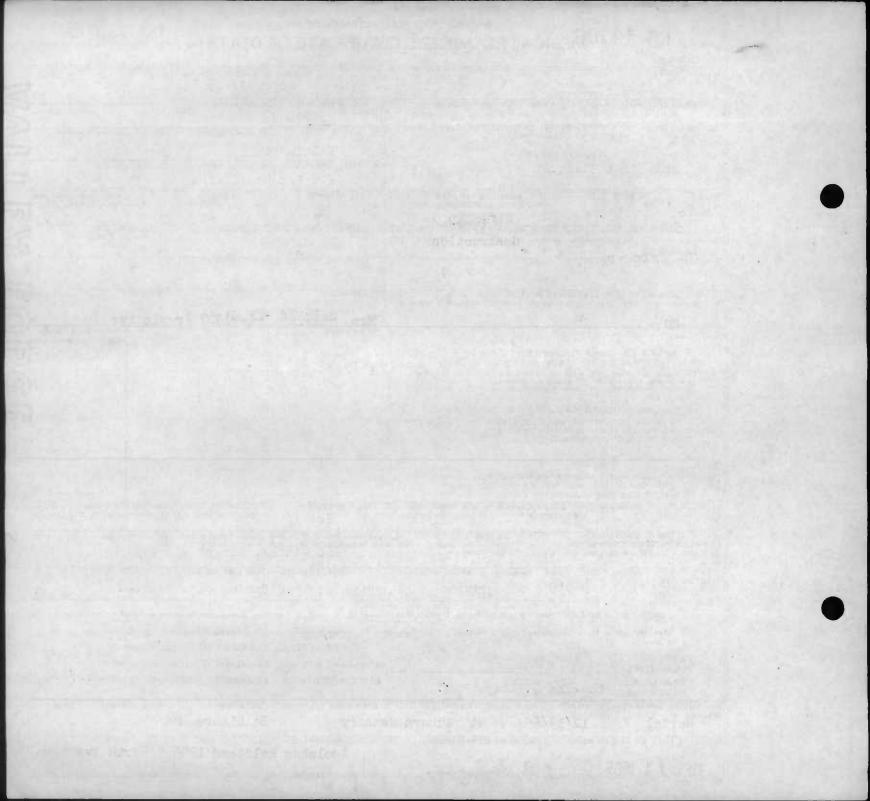
MICH NO.	ACAL EXAMINATES C	LKIIIICAI	L OI DEATH Nogra	
M.E. CASE NO. 1. NAME OF DECEASED			2. DATE AND HOUR PRONOUN	ICED DEAD
(Type or Print)	CAN			
LINWOOD MOR 3. PLACE IN BALTIMORE, MARYLAND, N		TA LISTIAL DESIDE	Dec. 11, 1965,	1:55 A.M. M.
S. PLACE IN BALIIWORL MARILAND, 1	WHERE PRONOUNCED DEAD	A. STATE	B. C.	OUNTY
FULL NAME OF (IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	Marylan	N (If outside corporate limits, w	rite RURAL and give township)
HOSPITAL OR ADDRESS OR LOC	A IION)			8-121
University Hospita	1	Baltimo		10-01
			ESS (If rural, give location)	
			berry Street	rs If Under 1 Yr, If Under 24 Hrs
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	1 1029 9. AGE (In year lost birthdoy)	Months Doys Hours Min.
Male Colored	Sep.	APKILL	1, 1932 33	
10A, USUAL OCCUPATION (Give kind of wo		TYTI PRTHPLACE	Mate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Locilhen	V BUHQ CO. VOZI	
13. FATHER'S NAME		14. MOTHER'S MA	IDEN NAMEZ	
Honny //bu	200.11	HNNI	a Linea	
15. WAS DECEASED EVER IN U.S. AMM		17. INFORMANT	2 -0	ADDRESS
(Yes, no orunknown) (If yes, give wor of the	ites of service) SECURITY NO.	Maria	Mandan alla	con Mys de
100	227-70-7/20	Momul 1	INGENIC TIXIL	I Thursday,
18. 5 9 8 1 Xi		E OF DEATH	-0/2	ONST AND DEATH
DISEASE OR CONDITION D			of 'chest and abd	
(This does not mean the mode of	- F Julian	sch.	, lung, liver an	Q 810-
heart failure, asthenia, etc. It mean injury or complication which caused	ns the diseose,			
DISEASES OR CONDITIONS, IF	(B)			
RISE TO THE ABOVE CAUSE (A)	STATING THE			
UNDERLYING CONDITION LAST	· (C)	,		
2				
OTHER SIGNIFICANT CONDITION				
TO THE DEATH BUT NOT R				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CO		20A. AUTOPSY?	(Yes or No.) 208. IF YES, WERE	FINDINGS CONSIDERED
WAS PE	ERFORMED	Yes		AUSES OF DEATH
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (If in Boltimore City, OCCUR?	give exact location)
UTING CAUSE OF DEATH.	etc.) home	315	N. Pine St., Bal	timore
21D TIME (Month) (Doy) (Ye			W DID INJURY OCCUR?	
OF INJURY				4.50
	1: 25 ANVHILE AT NOT	WHILE X all	egedly shot by w	TIE
22. I certify that I held an	Inquiry Inspection A	utapsy 🛣 and	that on this basis, death in	n my aplnian
resulted fram: Natural c	auses Accident Suici	de Hamicid	le 🔀 Undetermined mai	nner
	.//-		DICAL EXAMINER	
ACTUAL /11/2010	11 425		DICAL EXAMINER	DATE SIGNED
SIGNATURE Werner	U. Spitz. M. D. M. I		EDICAL EXAMINER	20 22 20/4
EXAMINER'S WELLEL	5, 5, 11, 26	ASSOCIATE ME	EDICAL EXAMINER	12.11.,1965
23A. BURFAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION (C	ity town for county) (State)
REAAQVAL (Specify)	-11m - 974/hol	TILM Asin	Bulla	41/4
DURIA 12/10	11/00 1/1 MINI	UM UM	Julio-	IIM ADDRESS PLAN
24A. DATE REC'D BY HEALTH PEPT.	248. NAME OF REGISTRAR	24C FUNERA	DIRECTOR	ADDRESS 31911



2/21	BALTIMORE CITY HEALTH DEPARTMENT	
5 + 3 5 + .	BIRTH NO. M.E. CASE NO. 65 1.2705 CERTIFICATE OF DEATH Registered No. 65	12705
deat deat cease on th	(Type or Print) Ritter, Alice Cecelia Dec. 13, 1965	1 3,30 p. m.
spit of of Ce ce	FULL NAME OF (If not in hospital or institution, give street)	un; residence before outrussian)
cause cause; (5, tendan	HOSPITAL OR oddress or locotion) HOSPITAL OR TOWN (If outside city limits, write RURA) We nice floring Baltimore, Maryland 18 C. CITT OR TOWN (If outside city limits, write RURA) Ve nice floring D. STREET ADDRESS. (If rural, give locotion) W. Bay Drive, Box 882	
outing led ca ar at prior		
ntrib rmin egulc ased	temale white married 11/23/93 72	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
or condete	done during most of working life, even if retired OWN Home Buffalo N. Y.	CITIZEN OF WHAT COUNTRY? CL S A.
rect (4) Ur. was the isposi	Frank Bartell Catherine Me Deri	mont
istant he di kind; death ce on nal di	15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 17. INFORMANT 18. SECURITY NO. 18. SECURITY N	ADDRESS
s ass any ced ced ndan or fi	18. 3 8 2. 01 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Also, ure of oncoun	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (8)	
riner. Fractus Progular	injury or complication which caused deoth,) ANTECEDENT CAUSES (8) (8)	
al exam (3) A (an which where some or are an area and area and area and area and area and area area area area area area area are	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION lost.	
medica medica burns physici an was	OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
by a (2) Body re the physici fore the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING CAUSES WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bidg., [INJURY OCCUR?]	NGS CONSIDERED OF DEATH? , give exoct locotion)
by the prital ure; (where where) No I do bef	DEATH (notify medical examiner) of of the property of the prop	
oved e hos ratu cept nd (6	OF INJURY (APPROX.) While At Work Work Work	
of any of any al (ex h); an	22. I certify that (1) (this hospital) attended the deceased from Nov. 28 19 65 to Dec. that (1) (we) last saw the deceased alive on Dec. 13 19 65 and that in (11) (aur) apinion	
be ed ed pit pit pit sat	T AND AND FOR THE STATE OF THE	DATE SIGNED
relegacion a proper to	23C. PHYSICIAN'S NAME (Type) K. Fan Altending Med. Stoff Phys. Director Phys. Director Med. Phys. Directo	11-13-65 Hospital
certificate m sody was rel rs: (1) An acc D.O.A. at a lassed prior to	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, 16 REMOVAL (Specify)	mon, or county) (State)
	Burial 12-16-1965 St. Paul's Cometery Owosso,	Mich.
This the show	DEC 14 1965 (0 6 8 F. Francisco Henry W. Jenkins & San	s Galto nd.

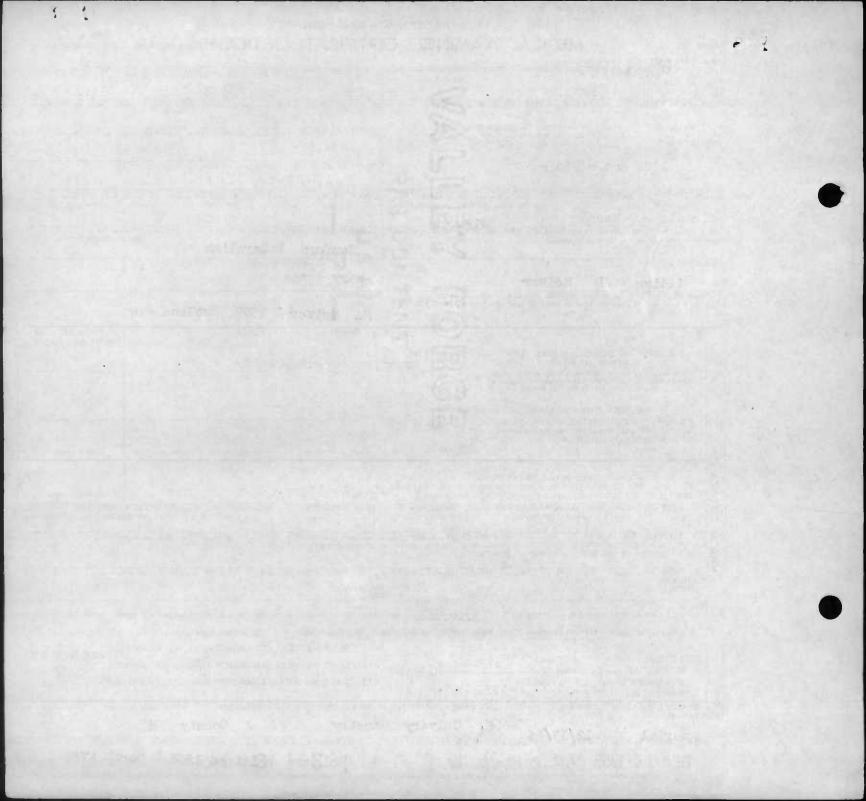


BIRTH NO. 65	1270 MEDI	ICAL EX	CAMINER'S CE	ERTIFICATE	OF DEATH Registe	65 12706 ered No.
M.E. CASE NO. 1. NAME OF DE (Type or Print)			GENIUS	2. D.	ate and hour pronounce December 5, 1965	ED DEAD
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE A. STATE Mary 1a	R COI	titution: residence before odmissio UNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET		If outside corporate limits, writ	e RURAL and give township)
Pro	vident Hospita	al		D. STREET ADDRESS 626 Pi	(If rurol, give locotion)	
5. sex Male	6. RACE Negro	WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 44	Months Doys Hours Min.
LABORE	(working life, even if retired)	TOB. KIND	ruction			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	gorer		?	14. MOTHER'S MAIDE	NAME	?
	ED EVER IN U.S. ARMED (If yes, give wor or dote		16. SO CIAL SECURITY NO.	17. INFORMANT SHIRLE	Y TYLER FOR A-	ADDRESS
heart failur injury or co	not meen the mode of e, osthenio, etc. It meens omplication which coused ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S'ING CONDITION LAST.	the disease. deoth.) S NY, GIVING	OUE TO (B) DUE TO	Wound of Abo		
O THE	II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T				
19A. DATE O		IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE FI	
UNDERLYING UTING CA	AL CAUSE WAS SOR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, on House	in or obout 21C. WHER fifice bldg., INJURY OC 606 Pi	DID (If in Boltimore City, g cut? tcher Street	ive exoct location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo 12 5 6	5 A v	WHILE AT NOT NORK	WHILE Stabb	ed during alter	cation.
ACTUA SIGNA EXAMI NAME	NER'S (Type) Charles	acle J	Suicident Suicident M.D.	CHIEF MEDIC ASSISTANT MEDIC ASSOCIATE MEDIC	CAL EXAMINER CAL EXAMINER CAL EXAMINER	DATE SIGNED 12/5/65
23A. BURIAL CR REMOVAL (Spec Buria		/65	Mt Auburn Co		Baltimore Mo	r, town, or county) (Stote)
DEC 1	4 1965 P. O.	248, NAME	OF REGISTRAR	Adolphu	RECTOR S Halstead 1206	W North Ave
VS 151-REV. 1/1	N879	100	C. C.			



BIRTH NO,	MED	ICAL EX	AMINER'S	CERTIFICA	ATE OF	DEATH Registe	red Na
M.E. CASE NO.	19707						
1. NAME OF DEC						ND HOUR PRONOUNCE	
	FANNIE	S.		MARTIN		ember 8, 196	
	IMORE, MARYLAND, W			A. STATE	aryland	e deceased lived, If insti B. COU	tution: residence before odn INTY
ULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	ATION)	TION, GIVE STREET	C. CITY OR TO		A 1	RURAL and give lawnship
120	2 Eutaw Plac	0				l, give location)	-07
120	Z Hucaw I Iac				202 Euta		
	6. RACE	7. MARRIED, WIDOWED, D	NEVER MARRIED DIVORCED (specify)	8. DATE OF BI	RTH ?	9. AGE (In years last birthday)	Months Doys Hours
Female	Negro		Nidama.		•	53	
	IPATION (Give kind of war varking life, even if retired)	KIOB KIND OF	BUSINES OR INDUST				12. CITIZEN OF WHAT COUNTRY?
				Sanfo		arolina	
3. FATHER'S NAM				Mary A		ΛE	
William 5. WAS DECEASED	M D MCL	ver	16. SO CIAL	17. INFORMAN	_		ADDRESS
	(If yes, give war ar date		SECURITY NO.			509 Rutland	
18.	121-21	and.	CAU	SE OF DEATH			INTERVAL BETY
400	1/ 4/14/6						ONSET AND D
DISEAS	LEADING TO DEATH		Arte	eriosclero	tic Car	diovascular	Disease.
(This does n	of mean the made of asthenia, etc. It means	dying e.g.,	DUE TO				
injury ar com	nplication which caused	de ath.)					
A	NTECENDENT CAUS	ES					
DISEASES C	OR CONDITIONS, IF	ANY, GIVING	(B)				
	E ABOVE CAUSE (A) S						
Z			(C)				
	II			9/	V.60.07	SERVICE SERVICE	
O THE	VIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO TI		oetes Mell	Litus.		
19A. DATE OF	OPERATION 198, CON	NDITION FOR V	WHICH OPERATION		SY? (Yes or No	10 20 B. IF YES, WERE FIL	NDINGS CONSIDERED
21 A. EXTERNAL		218.	PLACE OF INJURY (e.g.	, in or about 21C.	WHERE DID	(If in Baltimare City, gi	ve exact lacation)
UNDERLYING CAUS		etc.)	, tam, tactory, street,	diffee bidg., INJU	INT OCCUR?		
E 21D TIME	(Month) (Day) (Yea	n) (Haun) 2	E. INJURY OCCURRED	21F.	HOW DID IN	URY OCCUR?	
OF INJURY (APPROX.)		m. W	HILE AT NOT	WHILE WORK			
22. 1 cert	ify that I held an	Inquiry 🗌	Inspection X A	utopsy	and that on tl	nis basis, death in n	ny opinian
result	ted fram: Natural co	uses X A	ccident 🗌 / Suici	ide Hami	cide 🗌	Undetermined manne	or _
	01					XAMINER	DATE SIGN
SIGNATU	IRE (he	Telles 5	l'elly "	D. ASSISTANT	MEDICAL E	XAMINER 🖹	
EXAMIN NAME (1	ER'S Charles		1	ASSOCIATE			12/9/65
23A. BURIAL CREA	MATION, 23B, DATE	230	C. NAME of CEMETERY	or CREMATORY	23 D.	LOCATION (City,	lawn, or county) (St
REMOVAL (Specify		. 1	L- Calvary	CEmetry	A	A County	Md
24A. DATE REC'D	BY HEALTH DEPT. 13,	65 248, NAME	OF REGISTRAR	24C. FUNI	ERAL DIRECTO		ADDRESS
DEC 1	4 1965 R.C.	F 2 7	G. OSMAD O	Adol			" North Ave
	4700					The same of the sa	

M-635

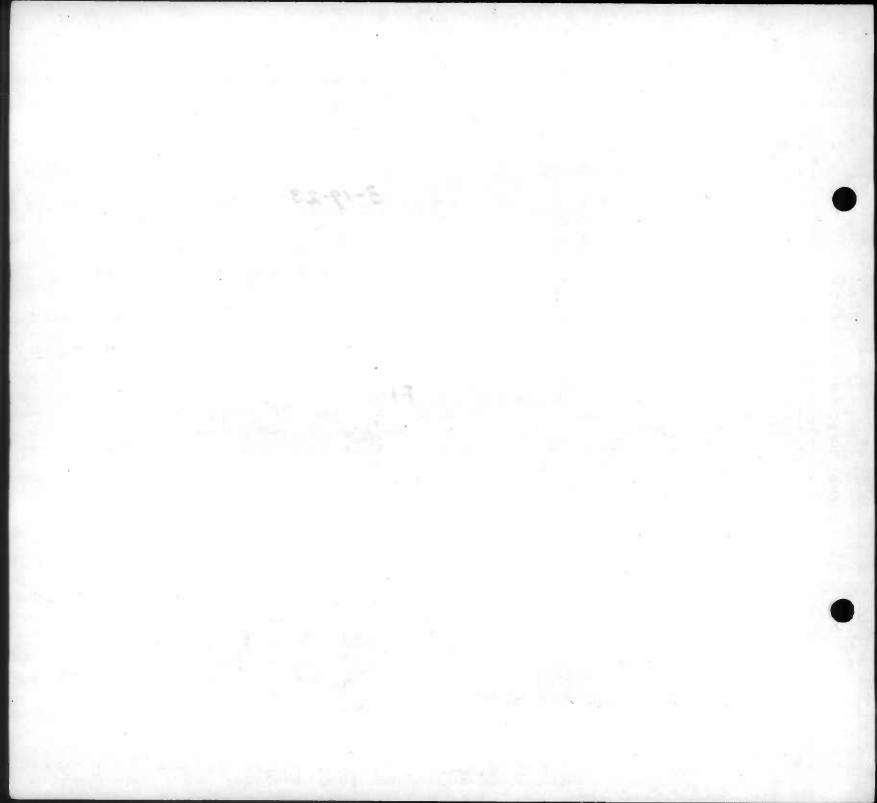


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced death was in regula deceased prior to death); and (6) No physician was in regular attendance on the deceased FUNERAL DIRECTOR: IMPORTANT

Such

		BALTIMORE CITY	HEALTH DEPARTMENT		05 49708
BIRTH NO.	D 10.7330	CERTIFICA	TE OF DEATH	Registered Na.	65 12708
	OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or P	BESSIE JACKS	OA)		12/11/65	1 8:34 PM
3. PLACE	OF DEATH IN BALTIMORE, MARYLAND	<u> </u>			tion; residence before admission)
			A. STATE B. CDUN	11	11 01-
FULL N HD SPIT	ALDR (If not in hospital or instituted of the control of the contr	tion, give street	C. CITY OR TOWN (If out	side city limits, write RUR	Al and also triumblish
INSTITU	TION		R		At one give lownship?
11/0			D. STREET ADDRESS (IF	rurol, give Rocotion)	- 1
	LUTHERAN HOSPIT		930 VI	. Raseda	le St #16
5. SEX		RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years If M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
F	NEGRO	MARRIED	3-19-23	42	
	L OCCUPATION (Give kind of work 10B, KIN most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPEACE (Stote or forei	gn country) 1:	2. CITIZEN OF WHAT COUNTRY?
done coming	, most of working the, even it remed,		5 6		115 11
13. FATHE	R'S NAME		14. MOTHER'S MAIDEN NA	ME	4.0.14
			Reduin	Present	
15 Was D	ecoosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	11888011	ADDRESS
(Yes, no or	unknown) (If yes, give wor or dotes of serv	SECURITY NO.	TO THE ORNIAN I		ADDRESS
N	O .	217-21-5039	Woodiow Je	ackson 930	Rosedale St.
18.	443XI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				ONSEL AND DEATH
	LEADING TO DEATH	(A)	CUA		41 anys
	does not meon the mode of dying, foilure, osthenio, etc. It meons the dis-		R/O brown	fumar	
	or complication which caused death.)				
	ANTECEDENT CAUSES	(B)	Verentar de	come seces pro	7 4/45
	ASES OR CONDITIONS, if ony, g	3	vacence co	cepter.	70
	to the obove couse (A) stoling ERLYING CONDITION lost.	the (C) •	Chirdren LL	hemia	
Z OTH	R SIGNIFICANT CONDITIONS CONTRIB	UTING		^ / /	100
	THE DEATH BUT NOT RELATED TO ASE OR CONDITION CAUSING IT.	THE P	neumonia.	bilateral	
U 19A. C	ATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINE	DINGS CONSIDERED
S 19A. D	WAS PERFORMED		423	IN CERTIFYING CAUSE	S OF DEATH?
U 21 A.	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	n or obodi 21C. WHERE DID	(If in Boltimore Ci	ty, give exact location)
	H (notify medical examiner)	home, form, foctory, street, o	mice bidg., INJORI OCCOR:		
O 21 D. 1	TME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF IN	JURY	While At Not Whil	le		
(APPR	D.C.)	Work At Work			
22. 1	certify that (I) (this hospital) attend	ded the deceased fram	12/4	19 65 to 12	19 65
that	(I) (we) last saw the deceased alive	an 12/11	19 6 5 and th	at in (my) (aur) opinia	death accurred on the date
and I	aur and from the causes stated aba	ve. (I) (We) (did) (did nat) v			
1	IGNATURE		3-2 N - N - N - N - N - N - N - N - N - N	23	B. DATE SIGNED
	of Paralis	D. M.D. Alle	ending Med. S. Director	Stoff	1.1.
23C. P	Flarahaeda 1		s. Director 23D. ADDRESS	Phy s.	12/11/65-
	Florahaida R				/
			GUTHERAN	HOSPITAL	
24A. BURI	AL CREMATION, 24B, DATE 2.	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	own, or county) (Stote)
2	16/ 12-16-65	Albutus Mi	em Pt A	11 butus	md.
25A. DAT	E REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
D	EC 14 1965 Polyer &	, steller Man	1 Seat 160	Sila 1318 N	! alhon St

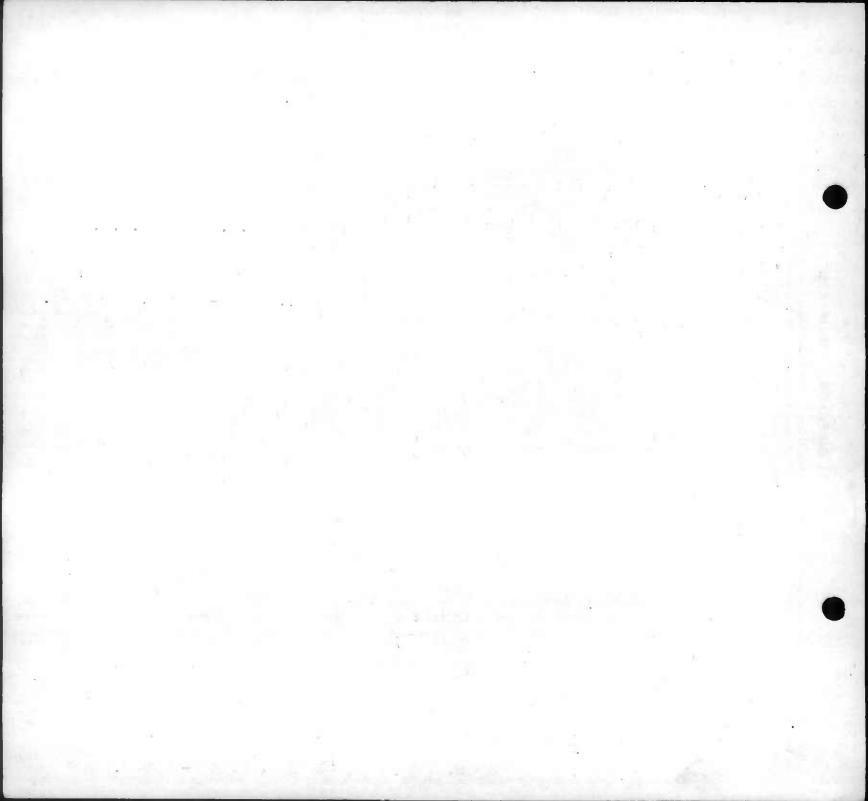
V\$ 150-REV. 1/1/65



Such

LO

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 65 12709 M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ALMA A. JONES RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township NORTH CAREY STREET If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Charles W. Jones-1143 N. Carey St. INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOBSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimoro City, give exact location) and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED (City, town, or county) Co. Maryland 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Nutter-3035 VS 150-REV. 1/1/65



		BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO.	65 12710	CERTIFICA	TE OF DEATH Registered No.	65 12710
M.E. CASE NO. 1. NAME OF DE (Type or Print)	CEASED	ant Elsworth	2. Date and Hour of Death	
3. PLACE OF D	EATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission
FULL NAME		institution, give street	Maryland	RURAL and give township)
Vetaran	s Administration	n Hospital	Baltimore	give to monip,
	ch Raven Blvd.		D. STREET ADDRESS (If rurol, give location)	
	re, Maryland 21	218	1036 N. Bentalou St.	
s. sex Male	Negro	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	5/23/95 9. AGE (In years lost birthdoy) 70	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
done during most o	CUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTRY WIRE DEPT - POSTALOY	Baltimore Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA		Employ	14. MOTHER'S MAIDEN NAME	
Grant E	. Biddle, Sr.		Annie Jackson	
15. Was Decease	ed Ever in U. S. Armed Forces	? 16. SOCIAL	17. INFORMANT	ADDRESS
Yes	10/27/17 to 3/		Records: V.A. Hospital, Baltimo	Ma 21918
OTHER SIGN TO THE DISEASE OF T	WAS PERFOI DENT WAS UNDERLYING BUTING CAUSE OF (fy medical examine) (Month) (Day) (Year) ((A) Brone (A) Brone (A) Brone (B) (B) (B) (C) (C) (C) (C) (DUE TO (DUE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. Yes n or obout 21C. WHERE DID (II in Boltimo fice bidg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?
		abave. (1) (We) (did) (1) (XX)(1)	view the bady after death.	23B. DATE SIGNED

Herbert

E4

Nutter-3035

W.North Ave

258. NAME OF REGISTRAR

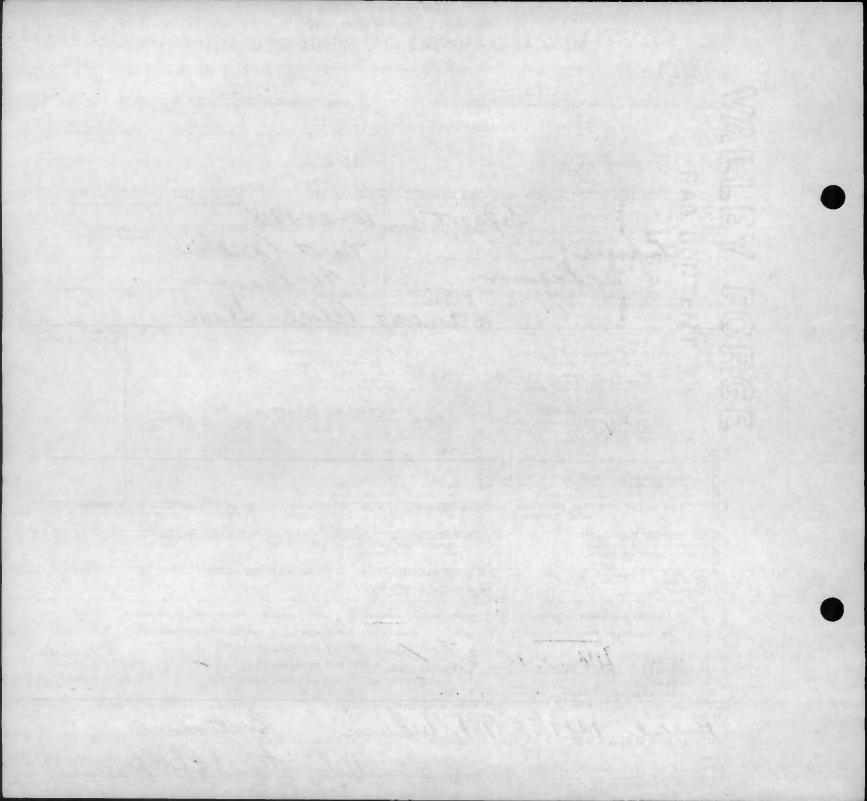
VS 150-REV. 1/1/65

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1965

.50 -====== • ncested after w • " • •

BIRTH NO. 65 12711 MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No. 65 12711
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
WYLIE +, SHAW	12-5-65 4:15 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE Maryland A. STATE Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
517 SHARP STREET	D. STREET ADDRESS (If surel, give location)
	51/ Sharp Street
Male Colored 7. Married, Never Married Wildows, Divorced (specify)	B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys - Hours Min. 10 - 2.8-1918 47
10A. USUAL OCCUPATION (Give kind of work Of KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ILM LADULA	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, na or unknown) (If yes, give war ar dates of service) SECURITY NO.	- Aline, Show in 10 T
11B. / 1-10-080	OF DEATH INTERVAL BETWEEN
5 6 /1 / 1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	Fatty liver
(This daes not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or camplication which caused death.)	
ANTECENDENT CAUSES	Chronic ethylism
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OMFORIZE CERTYFISM
l l	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of OPERATION 198. CONDITION FOR WHICH OPERATION	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
✓ 21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., home, footory, street, outling □ CAUSE OF DEATH.	in or about 21C. WHERE DID (If in Boltimare City, give exact location)
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WORK AT W	WHILE
22.	tapsy X and that on this basis, death in my opinion
resulted from: Notural couses Accident Suicid	
1-1-	CHIEF MEDICAL EXAMINER
SIGNATURE Were h Zn M.D	ASSISTANT MEDICAL EXAMINER
EXAMINER'S WERNER U. SPITZ, M.D.	ASSOCIATE MEDICAL EXAMINER 12-6-65
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY, REMOVAL (Specify) 12/9/65 Mf. Culu	un Bastimare mo,
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	Delination & Phillips 17577 March
VS 151-REV. 1/1/65	the stand of the stands I will be worth



3. PLACE OF DEATH IN BATINGER, MARTIAND WILL NAME OF MOSPITAL OR MOSPITAL OR OF COLORS OF COOLING (If not in baspiel or institution, give sheel MOSPITAL OR MOSPI	(Type or Print)	Johnnie	GREEN	2.00	2 9-1-5	1875
HILL MAME OF MOSPITAL OCCUPATION (III guide city limits, write RURAL and give township) MOSPITATION MOSPITA	3. PLACE OF DEATH IN BAL	TIMORE, MARYLAND	UNERIO	4. USUAL RESIDENCE	(Where deceased lived. If	institution; residence before a
S. SEX S. BACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Lapscrip 1. ADTROPHISM OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stude or foreign country) WIDOWED, DIVORCED Lapscrip 1. ADTROPHISM MINING 1. BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stude or foreign country) WIAT COUNTRY U.S. ADTROPHISM MINING 1. ADTROPHISM MAIDEN NAME 1. ADTROPH	HOSPITAL OR oddre		give street	MARY/	ANd	RURAL and give tawnship)
1. MARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE (in yeers lit Under 17t.	1 Mercy	Hospital		D. STREET ADDRESS	(If rural, give lacation)	Stonet
13. FATHERS NAME 13. FATHERS NAME 14. MOTHER MADEN NAME 15. Was Dazesard Ever in U. S. Armed Forces of Control of Cont	5. SEX 6. RACE	WIDOWE	D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Und
13. FATHERS NAME 14. MOTHERS MAIDEN NAME 13. MOTHERS MAIDEN NAME 15. WERE FINDINGS CONSIDERED 16. SOCIAL TO SECURITY NO. 223-28-4289 16. SOCIAL TO SECURITY NO. 223-28-428-4289 16. SOCIAL TO SECURITY NO. 223-28-428-428-428-428-428-428-428-428-428-		ive kind af work 10B, KIND OF		11. BIRTHPLACE (Stote of		
15. Wes. Deceased Ever in U. S. Amade Forces? 16. SOCIAL Social Security 17. INFORMANT Bessie Mickey 2511 Bells Rd. Richmond 223-28-4289 Bessie Mickey 2511 Bells Rd. Richmond 223-28-4289 Bessie Mickey 2511 Bells Rd. Richmond CAUSE OF DEATH INTERVAL BETV ONSET AND DEATH IT IS does not mean the mode of dying, e.g., heard follow, astheria, etc. It means the disease, injury or complication which caused death. ANTECEDENT CAUSES DUE TO DUE	1 . /	GROOM			NAME	
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manih) (Doy) (Year) (Hour) 21E. INJURY OCCURED OF INJURY OCCURED ON A1 Work 22D. I certify that (I) (this hospital) attended the deceased from 2 ond that in (my) (our) opinion death accurred or and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE OCCURED ON Attending OF Phys. OCCURED ON AUTOMOTION OF Phys. OCCURED ON ATTENDED OF Phys. OCCURED ON ATTENDED ON ATTEND	TO THE DEATH BUT	T NOT RELATED TO TH				
DEATH (notify medical examiner) 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED White At Not While At Work 22. I certify that (I) (this hospital) attended the deceased from 2 - 6 that (I) (we) lost sow the deceased alive on 2 - 9 and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Phys. Attending Med. Phys. Attending Med. Phys. Attending Phys. Phys. Attending Phys. Phys. Attending Phys. P		WAS PERFORMED		Yes	IN CERTIFYING C	AUSES OF DEATH?
OF INJURY (APPROX.) White At Not While 19 22. I certify that (I) (this haspital) attended the deceased from 2 - 6	▼ DEATH (notify medical ex-	AUSE OF hometon	ne, form, foctory, street, of	fice bldg., INJURY OCCL	ID (If in Baltima	ore City, give exoct lacotion)
that (I) (we) lost sow the deceased alive on	S OF INJURY	WH	nite At Not Whil		DINJURY OCCUR?	
23A. SIGNATURE 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) Phys. 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 1City, town, or causely)	22. I certify that (I) (th	his hospital) attended t	he deceased from	12-6	1965 to	12-9-19
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 12 - 9 - 6 23D. Address M.D. More Hospital Balto. 24D. LOCATION 1City, town, or causely)	that (I) (we) lost sow	the deceased alive on	12-9	19 65 .	nd that in (my) (our) o	pinlon deoth accurred or
FRANK L. BARHAM M.D. MORCY HOSPITA BALTO. M.D. MORCY HOSPITA BALTO. M. D. MORCY HOSPITA BALTO. M. M. D. MORCY HOSPITA BALTO. M. M. D. MORCY HOSPITA BALTO. M.	and hour and from the	couses stated obove. (
	and hour and from the 23A. SIGNATURE 3C. PHYSICIAN'S	couses stated obove. ((I) (We) (did) (did not) v	iew the body ofter de	oth.	23B. DATE SIGNED
	and hour and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) FRANK L	L. Barha BARHA	(I) (We) (did) (did not) v M.D. Att. M.D.	ending Med. Sandaness Med. Director Med. Director	Stoff Phys. De	23B. DATE SIGNED 12-9-6 BA/to., M

65 12712

BIRTH NO.

M.E. CASE NO.

1. NAME OF DECEASED
(Type or Print)

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

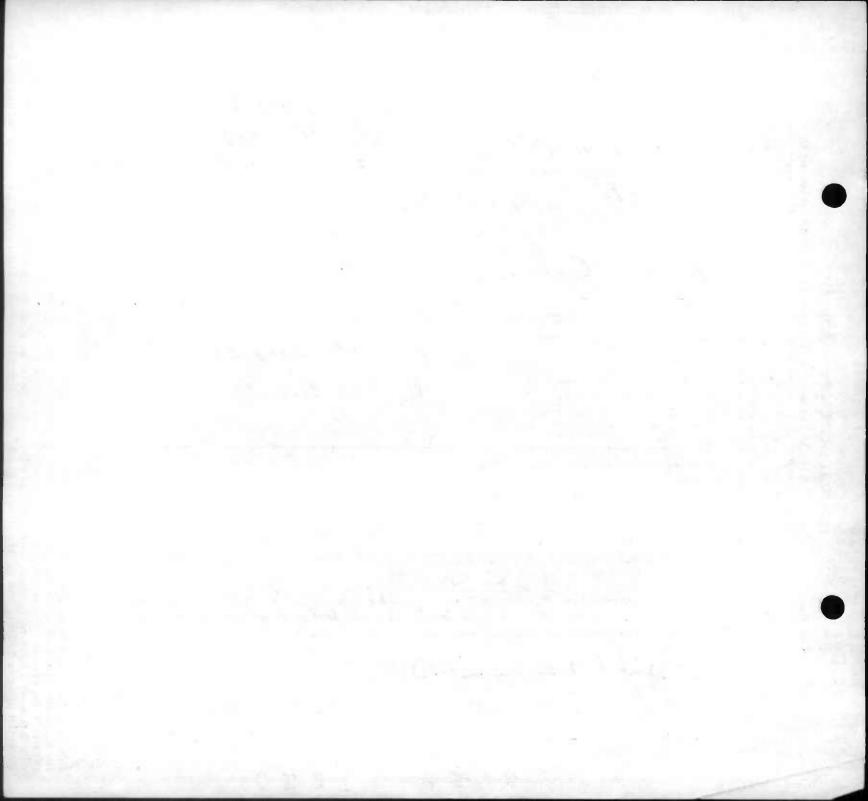
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Registered Na.

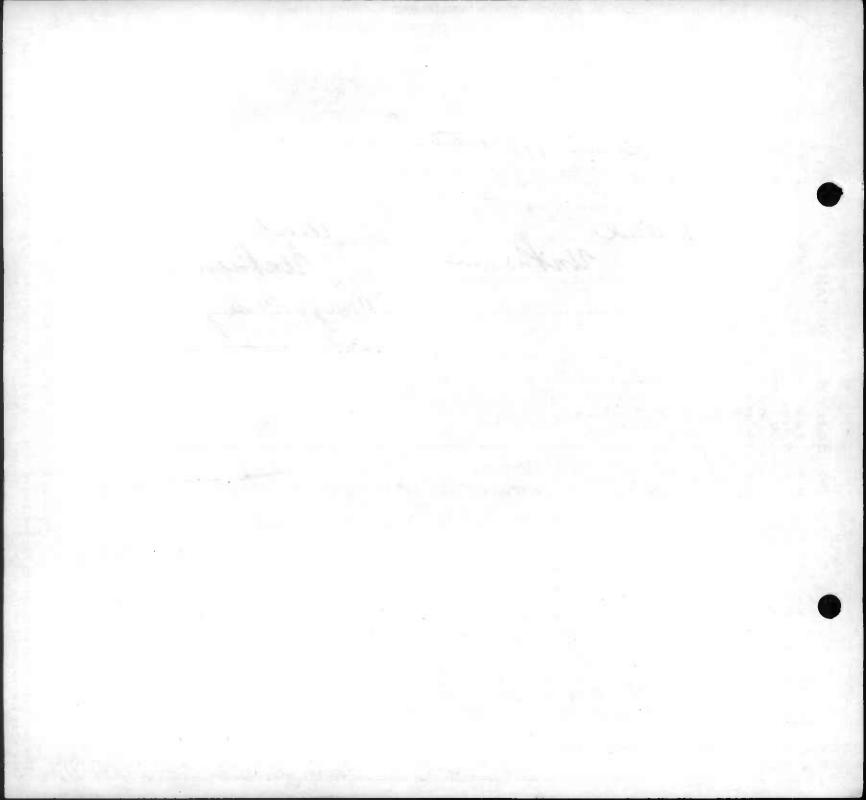
Dabney Funeral Home Ashland, Virginia

2. DATE AND HOUR OF DEATH



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

	OF ADMAD	BALTIMORE CITY	Y HEALTH DEPARTMENT		OF 16351253
	TH NO. 65 12/35/69	CERTIFICA	TE OF DEATH	Registered Na.	65 12713
1, N	AME OF DECEASED	PRRIS	2. DATE AND	HOUR OF DEATH	5:50 PM
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE AWhore A. STATE B. COUNT		tutian: lesidence befale admission)
1	FULL NAME OF (If not in hospital at institut HOSPITAL OR address at lacotion) NSTITUTION	ian, give street	1. //	de city limits, write RUI	RAL ond give township)
0	Sinai Ho	sfetal	10111	iol, give locotion)	Ne.
5. \$		NEVER MARRIED WED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 His. Manths Days Houis Min.
	USUAL OCCUPATION (Give kind of work 108, KINI educing most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at foreign		12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME Unifina	wr	14. MOTHERS MAIDEN NAM	naun	
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT MONIAC FO	0 183	ADDRESS
	DISEASE OR CONDITION DIRECTLY	CAUSE C	OF DEATH Preumon	ulia -	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, healt failure, asthenia, etc. It means the dise injury or complication which caused death.)		in the second second	and the same of th	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, givines to the obove couse (A) stating UNDERLYING CONDITION tost.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE UREMIA	Gout A	2000	Le-
ERTIFIC,		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., home, faim, factory, street, cetc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimare C	City, give exact lacation)
MEDIC	OF INJURY (Manth) (Day) (Year) (Hour) (A PPROX.)	21 E. INJURY OCCURRED While At Work At Work		RY OCCUR?	
	22. I certify that (1) (this haspital) attend	ed the deceased from .	12/2 19	65 to /	3/6 19.65
	that (1) (we) last saw the deceased alive and haur and from the couses stated abov	an 12/5	19 65 ond that	/	on death accurred on the date
	23A. SIGNATURE Concerd Sign	7/-		toff hys.	3B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) THERT BERN	M.D.	23D. ADDRESS	Hospital	Entrimer.
	BURIAL CREMATION, 24B. DATE REMOVAL (Specify) JURIAL A. DATE REC'D BY HEALTH DEPT. 25B. NAI	C.NAME OF CEMETERY OF CR Westers 7. ME OF REGISTRAR	Men LA Ba 25G FUNERAL DIRECTOR	etimare	town, or county) (Sfate) ADDRESS
VS	150-REV. 1/1/65	6560	1 astrights	Sthellife	17271 Monsai



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and of death Deceased

hospital

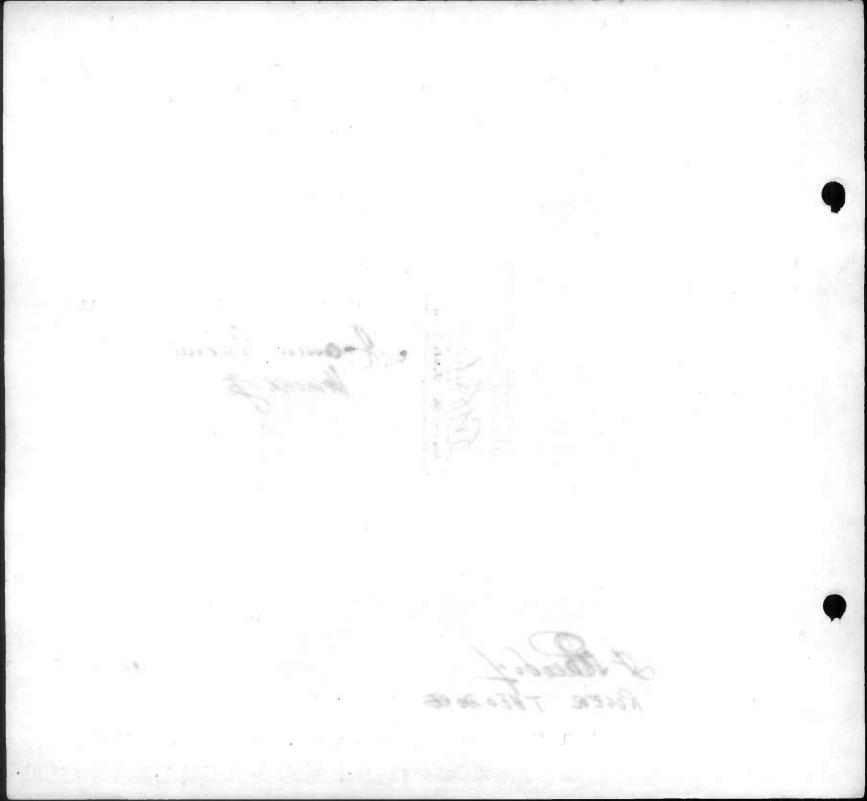
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BALTIMORE CITY HEALTH DEPARTMENT 65 12714 Registered No._ BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) David Jones 12-12-65 12:25AM 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY Provident Hospital 1211 North Stricker Street FULL NAME OF (II not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION Baltimore, Maryland D. STREET ADDRESS (Il turol, give location) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months Doys WIDOWED, DIVORCED (specify) Hours lost birthday) 2-21-08 47 Male Negro Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Gas Station USA Service Sta. Attd Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY 1104 Leadenhall St Smith Minnie 3 AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, hearl foilure, astherio, etc. Il means the dise injury or complication which coused death.) PINCL ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) sloting lhe UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No None None 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notily medical examiner) etc.) HOOME XDL XXX XXXXXXXX 21 D. TIME (Month) (Doy) (Year) 21F. HOW DID INJURY OCCUR? (Hour) 21 E INJURY OCCURRED OF INJURY Not While A STANDARY NAMED AT THE PARTY OF THE PARTY O (APPROX.) At Work 12-11-65 12-12-65 22. I certify that (1) (this hospital) attended the deceased fram. that (I) (we) lost sow the deceased alive on 12-12-65 19 and that in (my) (aur) opinion deoth occurred on the date and haur and from the cause tated obove. (1) (We) (dld) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED

M.D. Attending Phys. Med. 12.12.65 Director 23C. PHYSICIATES 23D. ADDRESS NAME (Type) M.D. 1514 Division Street, Baltimore, Mary 6th to 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify 12/15/65 /65 Baltimore, National Cem. B Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. I.L BROWN & SON 123 W. Montgomery St.



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			DALTIMORE CITT II	EACTH DELAKTMENT			1.0	4 13104 1
BIRTH NO.	65	127 MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.	65	12/1

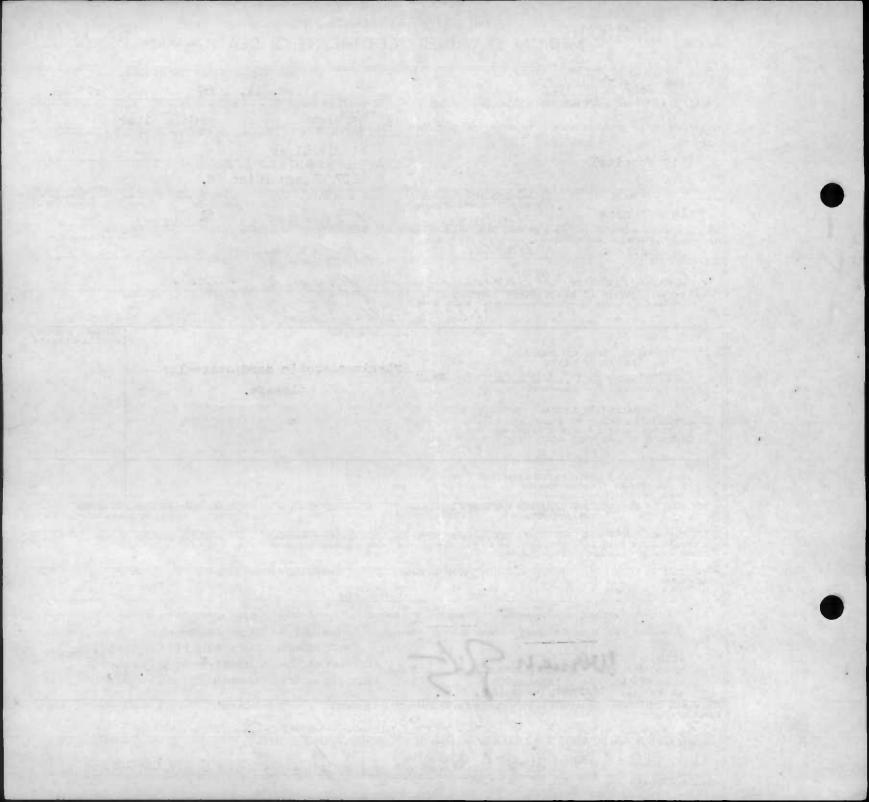
	E CASE NO.	JS/JWED	CALEX	AMINER 3 CI	KIIFICA	IE OF D	EAIT Registe	erea No	00	1000
1. NAME OF DECEASED (Type or Print)					2. DATE AND HOUR PRONOUNCED DEAD					
MAGGIE JO WILLIAMS						12-5			5:15	P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY Maryland					
UNION MEMORIAL HOSPITAL - DOA			C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)							
			Baltimore /2-04 D. STREET ADDRESS (If rural, give locotion)							
			428 E. 20th Street 21218							
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Widowed Widowed			B. DATE OF BIRT	1 189	9. AGE (In years last hirthday)		1 Yr. If Und Days Haur			
		UPATION (Give kind of world working life, even if retired)	TOB KIND OF	BUSINESS OR INDUSTRY		(State or taleign	caunity)		T COUNTRY	?
10	FATHER'S NAA	AE	Dom	estic	North Carolina U.S.A.					
13.		nk.				Johnso				
		(If yes, give war ar date		16. SO CIAL SECURITY NO.	17. INFORMANT 428 E. ADDRESS. St.					
	14-12				Mrs.	Maggie	Belfield	,Balt	i. Md	
CERTIFICATION	LEADING TO DEATH (This daes not meen the mode of dying, e.g., heart failure, osthenia, etc. Il meens the disease, injury ar complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Carcinoma of the Cervix (B) DUE TO									
RTIFIC	TO THE DISEASE O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
MEDICAL	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or about 100 (If in Baltimare City, give exact lacotion) UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., in or about 100 (If in Baltimare City, give exact lacotion) hame, form, factory, street, affice bldg., INJURY OCCUR?									
2	21D TIME (Manth) (Day) (Yeor) (Hout) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK									
	22. I certify that I held an Inquiry Inspection X Autopsy ond that on this bosis, deoth in my opinion									
	resul	resulted from: Notural couses X Accident Suicide Hamicide Undetermined manner								
		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER TO GET								
	EXAMIN NAME (S. PETT	Y, M.D.	ASSOCIATE A	MEDICAL EX	AMINER _		12.	-6-65
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)							(State)			
	Remova	1 117.	165	Gaston Chui						
24/		DEC 14 1965		OF REGISTRAR	IS31		Brown &So		DDRESS	
VS	151-REV. 1/1/		The state of the s			- U				

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MEDICAL	EXAMINER'S	CERTIFICATE (OF DEATH	Registered Na.

1	BALTIMORE CITY HEAL BIRTH NO. 65 12716 BALTIMORE CITY HEAL	ERTIFICATE OF DEATH Registered No. 65 12716				
M 62	M.E. CASE NO.					
/)	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD				
	John MURRISSEY	Dec. 11, 1965 6:22 P.M.				
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland Middle River				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	INSTITUTION	Middle River				
	City Hospital	D. STREET ADDRESS (If rurol, give locotion)				
		1827 Wilson Point Rd.				
	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.				
	Male White MARRIED	4-29-1904 61				
	IDA. USUAL OCCUPATION (Give kind of work) IDB. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	WHAT COUNTRY?				
	WELDER UNITEC. CO.	MARYLAND U.S.A.				
	JOHN JOSEPH MORRISSEY	Arna M. PHILLIPS.				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS -				
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 213-07-4396	Was Christing Beard Moressey - 1827 Wilson P.				
		OF DEATH INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
	LEADING TO DEATH	eriosclerotic cardiovascular				
	(This does not mean the mode of dying e.g., heart foilute, osthenia, etc. It means the disease, injury or complication which caused death.)	disease.				
	ANTECENDENT CAUSES					
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO					
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
	Z (C)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	DISEASE OR CONDITION CAUSING IT.					
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
		in or about 21C WHERE DID. (If in Boltimore City give exact location)				
	UNDERL'ING OR CONTRIB-	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) Injury occur?				
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	m. WORK AT W	WHILE ORK				
	22. I certify that I held an Inquiry Inspection Aut	apsy and that an this basis, death in my apinian				
	resulted fram: Natural causes Accident Suicide					
	1,00	CHIEF MEDICAL EXAMINER DATE SIGNED				
	SIGNATURE While M. 3 1 M.D.	ASSISTANT MEDICAL EXAMINER Dec. 12, 1965				
	EXAMINER'S NAME (Type) Werner U. Spitz, M. P.	ASSOCIATE MEDICAL EXAMINER				
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY o	or CREMATORY 23D. LOCATION (City, town, or county) (State)				
	REMOVAL (Specify)	EEMER CEM. BALTO. M.D.				
	24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
	DEC 14 1965 (Loub 8. To James)	1 To Fleet Hille - 2334 bellen				
	VS 151-REV. 1/1/65	711				



3.51 B.	n a hospital and g cause of death luse; (5) Deceased trendance on the r to death. Such
•	f death occurred is ct or contributing)) Undetermined co was in regular at the deceased prio
IMPORTANT	Also, if the director of any kind; (4) anounced death attendance on the director of the direct
FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made,
•	to the hospital of any nature; (2 al (except where h); and (6) No p be obtained before

hospital

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D.O.A.

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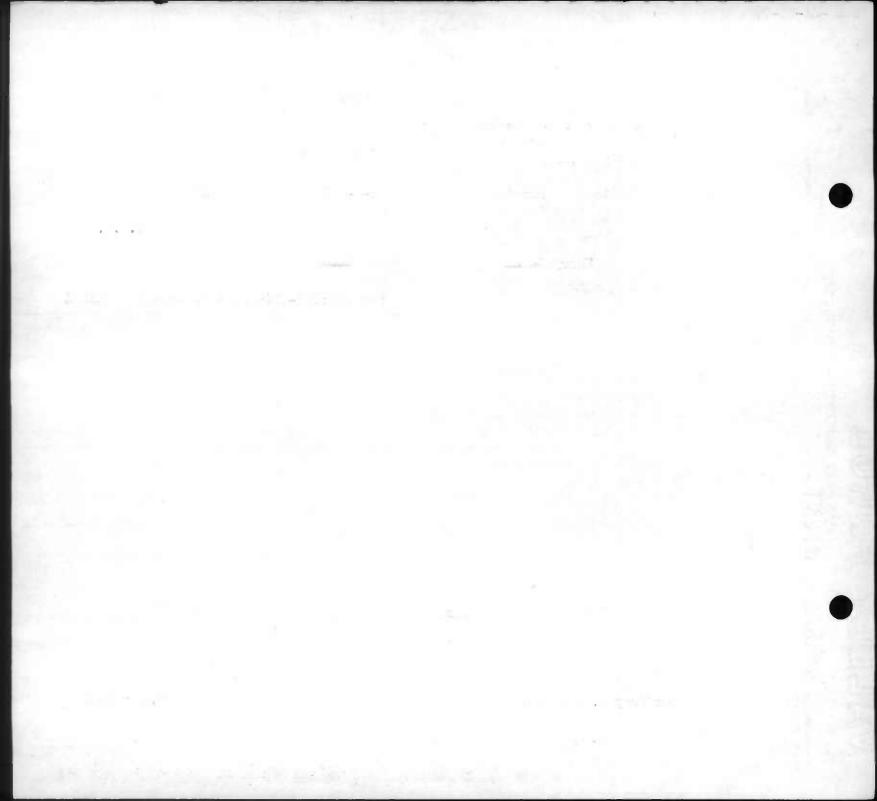
pproval

accident

shows:

SAB -44-88-99

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. 60 M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Whoro decoosed lived. If institution: residence before admission) B. COUNTY A. STATE Baltimore Maryland (If nat in haspital or institution, give street FULL NAME OF HOSPITAL OR oddross or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore City Hospitals BALTIMORE 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location 21221 645 Dunwich Way Baltimore, Maryland 21224 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdov 1-7-1916 Female White 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U.S.A. IAILORING 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME SUNDERLAND IAMIE CHAECK ADDRESS 15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) (If yes, give wer or dotes of service) 6. SOCIAL 17. INFORMANT SECURITY NO. Records: BCH-4940 Eastern Avenue 21224 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, olon injury or complication which coused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exect locotion) DEATH (notify modical examiner) nin 1 MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At | (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased fram... 19 65 10 19 65 and that in(my) (aur) opinion death accurred on the date that (1) (we) last saw the deceased alive an and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending [Med. Stoff Phys. Director Phys. 12-14-65 NAME Hypo 23D. ADDRESS M.D. 4940 Eastern Avenue, Baltimore, Maryland Jeffrey D. Aaronson 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) REMOVAL (Specily) OF FAITH GARDENS SURIAL 258. NAME OF REGISTRAR 26C. FUNERAL DIRECTOR ADDRESS V\$ 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

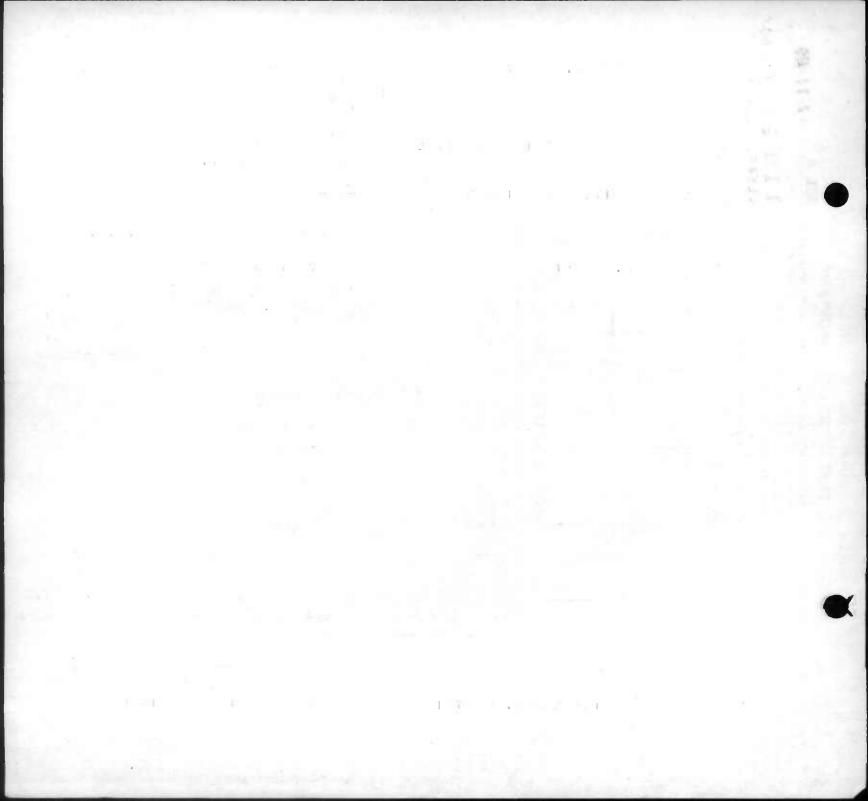
	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 12718 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65 12718
TINAME OF DECEASED (Type or Print) Dem Beck, Jan	nes John	12/1	D HOUR OF DEATH	7:30 P. N
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (When	e/deceosed lived. If instit TY	tution: residence before admission)
FULL NAME OF (If not in hospital or institution) INSTITUTION	tution, give street	C. CITY OR TOWN . (If out	side city limits, write RU	RAL ond give township)
Monte Tello State Ho	helal	D. STREET ADDRESS · (III	rurol, give locotion)	12.
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specily)	B. DATE, OF BIRTH 4/25/1903	9. AGE (In years 62)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, Kildone during most of working life, even if retired)	nd of Business or industry	march 0	gn country) Baltimore	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Demb		14. MOTHER MAIDEN NAM	unichewn -	TANKOWSKA
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of so	16. SOCIAL SECURITY NO. 213-09-653	John P. De		liftmont Ave.
18. 581.01	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0	irhoris ce he		5- Unacal
(This does not meen the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which coused death.	seose,	Nigheres of the	The V	Species
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	******************************	man (************************************
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) statin UNDERLYING CONDITION lost.	giving		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRI				
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	1 208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location!
21D. TIME (Month) (Doy) (Year) (Hou of INJURY (APPROX.)	While At Not Whi		URY OCCUR?	/ /
22. I certify that (I) (this hospital) atte	nded the deceased fram	3/1/65	19 to 12/1	12/65 19
that (I) (we) lost saw the deceased aliv	e on 17/2/65	19and the	at in(my) (our) apinic	an death occurred on the date
ond haur ond from the couses stated ab	ove. (I) (We) (did) (did nat)	view the bady ofter deoth.	12	3B. DATE SIGNED
962:09		ending Med.	Stoff T	12/12/62
23C. PHYSICIAMS NAME (Typel Daniel G. I	Physic Physics M.D.	23D ADDRESS 2201 Argonne D	rive, Baltimo	ore, Md.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CR	EMATORY 24D. Le	OCATION (City,	town, or county) (State)
REMOVAL (Specify) 12/16/65	Holy Cross Cem C	erman Hill Rd Ba	eltimore. Mar	yland
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS E. Lombard St.
VS 150-REV. 1/1/65	2 2 2			

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		BALTIMORE CIT	Y HEALTH DEPARTMENT	CE 49740
BIRTH NO.	65 12719	CERTIFICA	ATE OF DEATH Registered No.	. 65 12719
Type or Print)	DECEASED		2. DATE AND HOUR OF DEAT	ТН
trype or runn	JOHN T. OL	ERT	12-12-65	10:00 Pm.
3. PLACE OF	DEATH IN BALTIMORE, MARY		4. USUAL RESIDENCE (Where deceased lived, If	institution; residence before admission)
FULL NAM	E OF (If not in hospital or	institution, give street	MARYLAND	9-9
HOSPITAL (C. CITY OR TOWN (If outside city limits, writ	re RURAL and give township)
20 -			BALTIMORE	
I Service T	HE JOHNS HOPE	CINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	
			1430 HOLBROOK ST.	
5. SEX	6. RACE 7	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
MALE	WHITE	DIVORCED (specify)	3-23-03 lost bighdoy	Months Doys Hours Min.
		B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	t of working life, even if retired)		D-344 3533	WHAT COUNTRY?
Plumb			Baltimore, Maryland	U.S.A.
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NAME	
	GE J. OLERT		MARY STREB	
15. Wos Deced	osed Ever in U. S. Anned Force own) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. 5000 Lodes Tone Wa	ev 21200 RESS
	100	5/12 2/1 5272	Mrs Ethel L. Hensley	
	orld War #2	343 24 3213		
1B. 5	73X1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DIRE	CTLY	1-01-1	20
	LEADING TO DEATH	(A) AC	ite Kind Failure	ldays
	s nal mean the mode of d	lying, e.g., DUE TO	,	
	ure, asthenia, etc. 11 means II complication which caused d	ne disease,		
111,017 01		(a) Chr	hourcomes	
	ANTECEDENT CAUSES	DUE TO		
DISEASES	OR CONDITIONS, if or	ny, giving		
	the obove cause (A) s	slating the (C)		
UNDERLY	ING CONDITION last.			
	ll l			
O OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING /	. ' / .	
	OR CONDITION CAUSING IT.	ED TO THE Corre	audosis	
U 19A, DATE		ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WEE	RE FINDINGS CONSIDERED
D 21A. ACC	WAS PERFO			CAUSES OF DEATH?
E 214 4 6 6	IDENT WAS THE DESIGNATION OF	238 81 4 65 65 1444194	100	60.
OF CONT	RIBUTING CAUSE OF	home, form, factory, street,	in or obout 21C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?	nore City, give exact location)
DEATH (n	otify medical examiner)	etc.)		
0 21D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
S OF INJUR	Υ	While At Not Wh		
(APPROX.)		Work At Work		
22 cort	ify that (I) (this is a late)	attended the deceosed fram	12-10 19 65 10	12.12 1965,
		11.12	1 -	
thot (I) (lost sow the deceased	alive on	ond that in (my) (our)	spinion deoth occurred on the dote
ond hour	and from the couses state	d obove. (I) (We) (dId) (did-net)	view the bady after deoth.	
23A. SIGN				23 B. DATE SIGNED
01	-11/	1 4 " M.D. AI	ttending Med. Stoff	1 1-
14	alexas 10		ys. Director Phys.	12-12-65
23C. PHYSI	CIAN'S E (Type)		23D. ADDRESS	
IVAM		a I Easture M.D	THE JOHNS HOPKINS HO	CRITAL
244 8/12/41	NICHOLA		THE COMMO HOLDER	
24A. BURIAL REMOVA	CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
Buria	1 1	65 Baltimore Na	ational Baltimore	Marvland
		SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
The state of the s	DEC 1 / 1985 /	O To State House	HENRY SANDER & SON	
	DEC T # 1909 (POOL C. Breek	DAI THOUT WAR	~ 110·
VS 150-REV. 1	/1/65		DALITHORE MARILAND	



23C. NAME OF CEMETERY OF CREMATORY

Auburn Cemetery

T. 248 NAME OF REGISTRAR

1965 Robert E. Frake, M.A.

23 D. LOCATION

Isaiah L.Brown and Son IOS-W.Montgomery Street

24C. FUNERAL DIRECTOR

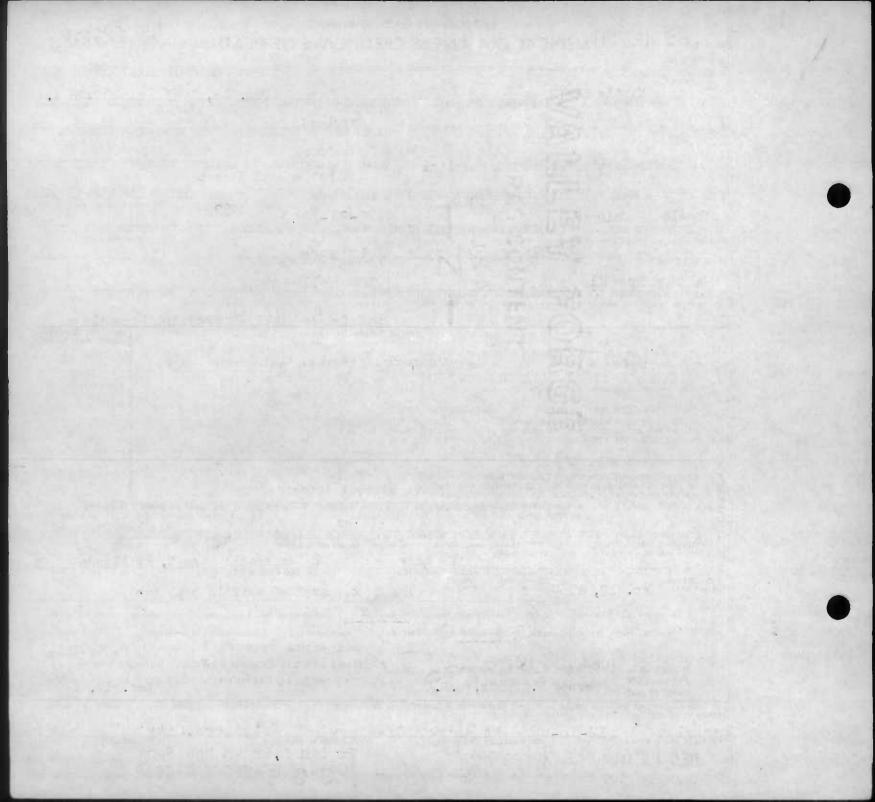
(City, town, or county)

ADDRESS

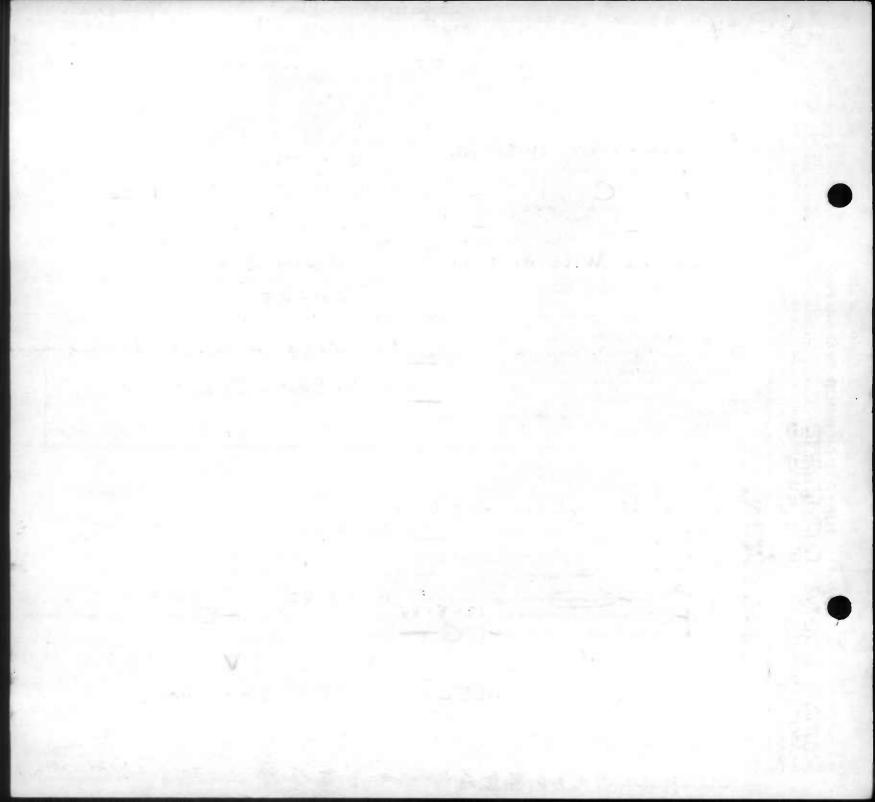
23A. BURIAL CREMATION, 23B. DATE

REMOVAL (Specify)

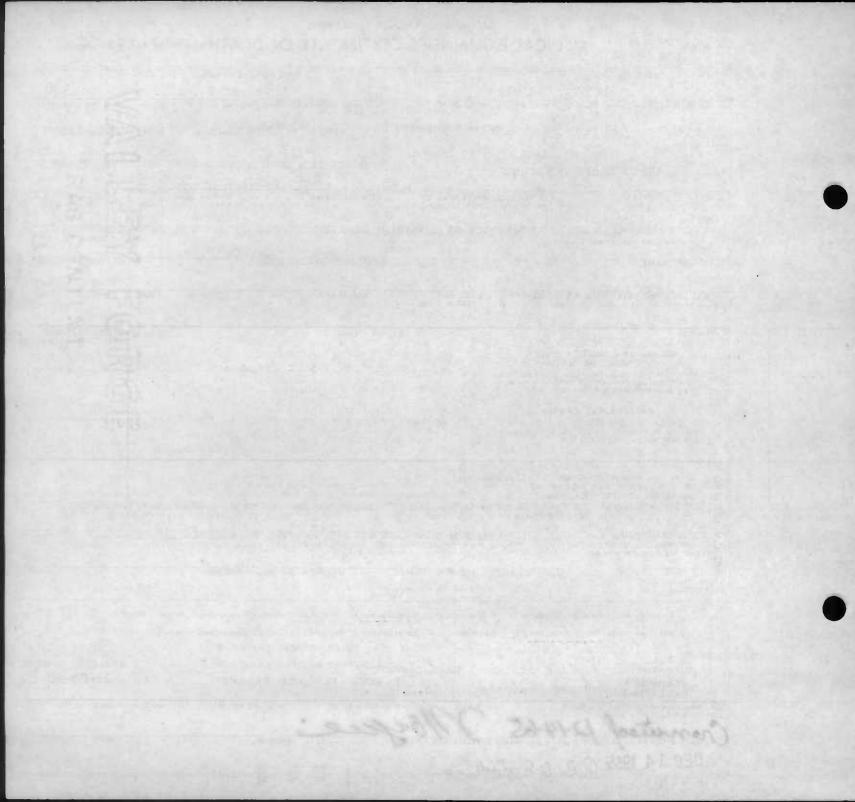
VS 151-REV. 1/1/65



	65 -16542 AF 4 OF 104	THEALTH DEPARTMENT Registered No.	65 12721 -
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) CYN HI'S SCOTT	2. DATE AND HOUR OF DEATH	5.50 A
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. II instituted and STATE B. COUNTY	9 M.
	FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR oddress or location)	MD.	1/1
	INSTITUTION	C. CITY OR TOWN (II outside city limits, write RUR	(AL and give township)
3	UNIVERSITY HOSPITAL	D. STREET ADDRESS (If rurol, give location) BOX 420 -	
E	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 10-19-65 9. AGE (In years In Not birthday)	1 Under 1 Yr. II Under 24 Hrs. Annths Doys Hours Min.
TION IS	10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	MARYLAND	VSA
Isposition	JAMES WILLIAMSON	Mary Scott	
rinal a	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service)	17. INFORMANT CHART-	ADDRESS
0	15 7 0	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Delined	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TRICUSPID ATRESIA	I month 20days
are emb	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	nthicular Septal Defect	1 month 20 days
before the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISASTE OR CONDITION CAUSING IT.		
e the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED Congenity Hort Dises	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?
Detor		in or obout 21 C. WHERE DID (If in Boltimore C office bldg., INJURY OCCUR?	ity, give exact location)
Deuib	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Who Work Not Work		
De obt	22. I certify that (H) (this hospital) attended the deceased fram that (H) (we) last sow the deceased alive on 12-8-65	10-29-65 19 to 12-	8-6 5 19
must	ond hour ond from the couses stoted obove. (H) (Fe) (did) (did not)		B. DATE SIGNED
	M.D. A	Hending Med. Stolf Phys.	12-8-65
prove	23C. PHYSICIAN'S NAME (Type) CARLOS ABEL M.D	23D. ADDRESS	SPITAL
written approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C REMOVAL (Specify) 12-10-65 ALB ENTER	REMATORY 24D. LOCATION (City,	town, or county) (State)
Writt	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	NA polis - Md
1	V5 456-16V-1/2/69 303 (17 0 - 17) CTO - 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11000	



VS 151-REV. 1/1/65



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(4) Undetermined cause; (5) Deceased

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INSTITUTION

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or final

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death) hospital

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D.O.A.

Was

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was released accident

the body

shows:

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4. USUAL

MARYLAND

C. CITY OR TOWN

Registered	None	LOMO
Registered	0.3	1272

					- 1/	
2	. DATE	AND	HOUR	OF	DEATH	Ī

(If outside city limits,

CASE NO.	03 12/20
ME OF DECEASED	
or Print)	The State of the S
" ISABELLE	BRINK

TE	AND	HOUR	OF	DEATH	
	12	-6-6	55		
	36		"		

		12	2-6-65					4	:00 A M.	,
RESIDEN	CE	(Where	deceosed	lived.	IF	institution:	residence	before	odmission)	

۰	PLAC	E	OF D	DEATH	IN	BA	ALTI	M	ORE,	MA	RY	LAN
	FULL	N/	AME	OF	(16	not	in	hosp	oitot	10	insti

(If not in hospitot or institution, give street oddress or location)

BALTIMORE CITY HOSPITALS

4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224 BALTIMORE
D. STREET ADDRESS (If rurol, give location)

B. COUNTY

3902 SOUTHERN AVENUE

5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours FEMALE WIDOWED 8-19-77 88 WHITE

10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

and haur and from the couses stated obave. (1) (We) (did) (did not) view the body after death.

15, Was Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.

> BCH-4940 EASTERN AVE. - #21224 RECORDS:

1	B. 4 2 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	DEATH		ONSET AND DEATH
	(This does not mean the made of dying, hearl failure, asthenia, etc. Il means the dise injury ar camplicalian which caused death,)		(i) Our		2 4
	ANTECEDENT CAUSES	DUE TO	6	0000 00 000 00 0 000 000 0000 000 000 0	7
	DISEASES OR CONDITIONS, if any, givise to the above cause (A) stating UNDERLYING CONDITION last.	-	ASCVD		109-
-	II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		ra		
	9A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	NO	IN CERTIFYING CAUSES	
1	PIA. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in c home, form, foctory, street, offic etc.)	or obout 21 C. WHERE DID e bldg., INJURY OCCUR?	(If in Boltimore City	, give exact location)
	PTD. TIME (Month) (Doy) (Year) (Hour) DF INJURY APPROX.)	21E. INJURY OCCURRED While At Not While [Work At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this hospital) ottend hot (I) (we) lost sow the deceased olive			9 65 to 2	

IMPORTANT the chief medical examiner FUNERAL DIRECTOR:

23A. SIGNATUM

NAME (Type)

REMOVAL (Specify

23 C. PHYSICIAN'S

24A. BURIAL CREMATION.

C. MORAVEC M.D. Attending Phys.

Staff Med. Director Phy s. 23B, DATE SIGNED

23D. ADDRESS

(Stote)

25B, NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR

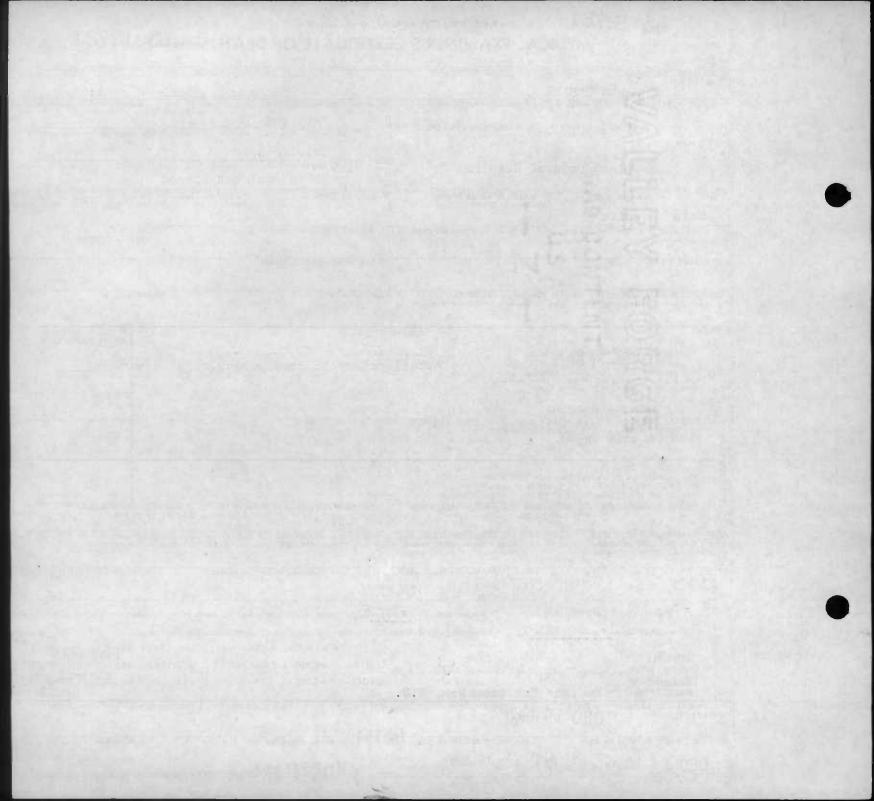
ADDRESS

V\$ 150-REV. 1/1/65

SERY

W CV11 A5000 Miller 65 12724

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2 DATE AND HOUR PRONOUNCED DEAD JAMES KOHLER December 1, 1965 1:15 A M. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATIONI Baltimore D. STREET ADDRESS (If rurol, give location) Maryland General Hospital 920 N. Calvert Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. WIDOWED, DIVORCED (specify) 59 male. white 10A USUAL OCCUPATION (Give kind of work) 0B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (CL O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 120B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? $\overline{0}$ ves yes EDICAL 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21E. INJURY OCCURRED 21D TIME (Month) (Doy) (Hour) 21F. HOW DID INJURY OCCUR? (Yeor) OF INJURY WHILE AT NOT WHILE m. WORK 22. AutopsyX I certify that I held_an Inquiry Inspection and that on this basis, death in my opinion resulted from: Natural couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER & SIGNATURE 12-1-65 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Rudiger Breitenecker, M.D. 196523C. NAME OF CEMETERY OF CREMATORY 23A. BURIAL CREMATION, 23 D. LOCATION 23B. DATE (City, town, or county) (Stote) REMOVAL (Specify) 24B NAME OF REGISTRAR 24C. FUNERAL DIRECTOR E Frankruma



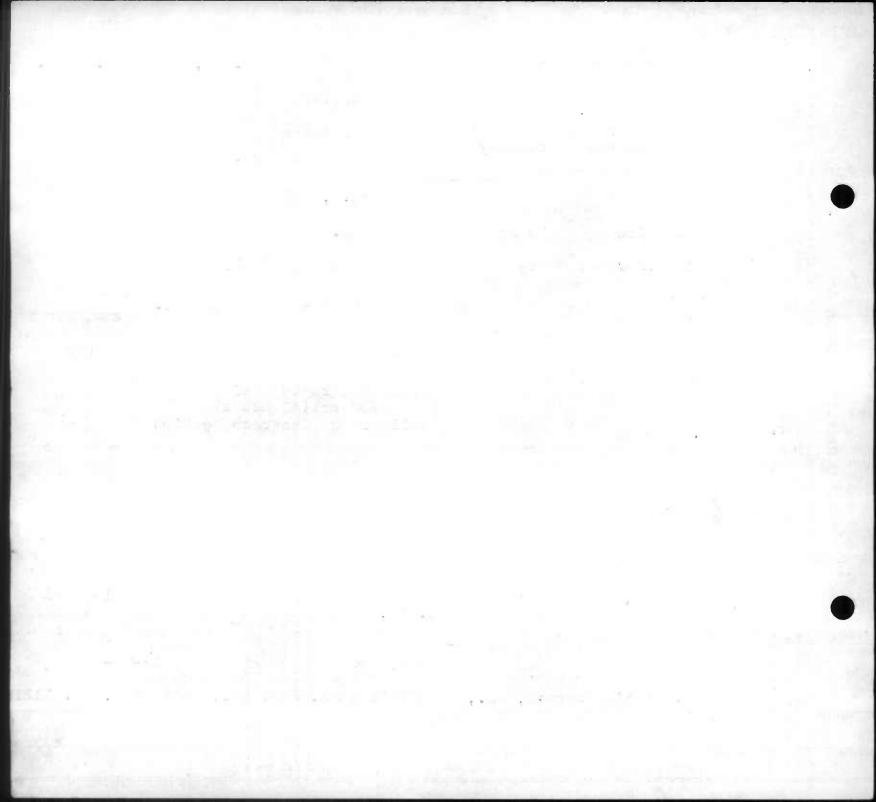
M.E. CASE NO. I. NAME OF DEC Type or Print)			2. DATE AND HOUR		
Type of Fnnti	BVBA BOA HEM	PY	Dec.	10,1965	7.30 A
FULL NAME (HOSPITAL OR INSTITUTION	oddress or location	or institution, give street A Hospital	A. USUAL RESIDENCE (Where deceos A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city Baltimore D. STREET ADDRESS (If rurol, give 601 Cator Ave.	limits, write RURAL	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (nder 1 Yr. , If Under 24 h
M	W	WIDOWED, DIVORCED (specify)	Dec.9,1965	doy) Month	hs Doys Hours Min.
	working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign countr	(12. C	THIZEN OF WHAT COUNTRY?
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME		
Richa	ard James He	enry	Marlene Mihal:	ik	
	d Ever in U. S. Armed For		17. INFORMANT		ADDRESS
xxx	xxx	XXX	Mother - 601 Ca	tor Ave.	
DISEA	SE OR CONDITION DIR LEADING TO DEATH not mean the made of	CAUSE C ECTLY dying, e.g., DUE TO	ine membrane dis		INTERVAL BETWEEN ONSET AND DEATH 8 hours
OISEA (This does heard failure, injury ar car DISEASES rise la lit	SE OR CONDITION DIR	dying, e.g., the disease, deoth.) (A) Hyal (A) Hyal (B) Pren (ease s)	ONSET AND DEATH
OTHER SIGN TO THE LEGISEASE OR	SE OR CONDITION DIR LEADING TO DEATH nat mean the made at osthenia, etc. It means mplicotian which coused ANTECEDENT CAUSES OR CONDITIONS, it to obave cause (A) G CONDITION last. II IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	dying, e.g., the discose, deoth.) cony, giving sloting the CO Deli	line membrane dis mature rupture of membranes(48 hour livery by Cesarean	ease s) section	8 hours
OTHER SIGN TO THE LIGHT OF THE	SE OR CONDITION DIR LEADING TO DEATH nat mean the made at osthenia, etc. It means mplicotian which coused ANTECEDENT CAUSES OR CONDITIONS, it e obave cause (A) G CONDITION last. IFICANT CONDITIONS C SEATH BUT NOT RELA CONDITION CAUSING I	dying, e.g., the discose, deoth.) Prenony, giving sloting the (C) Deli	nature rupture of nembranes (48 hour livery by Cesarean	ease s)	ONSET AND DEATH 8 hours GS CONSIDERED
This does heard loiture, injury ar car of the control of the contr	SE OR CONDITION DIR LEADING TO DEATH nat mean the made at osthenia, etc. It means mplicotian which coused ANTECEDENT CAUSES OR CONDITIONS, it e obave cause (A) G CONDITION last. IFICANT CONDITIONS C SEATH BUT NOT RELA CONDITION CAUSING I	dying, e.g., the disease, deoth.) Prenony, giving sloting the (C) Deli	nature rupture of membranes (48 hour livery by Cesarean 20A. AUTOPSY? IYes or Noll 20B. IF IN CEI	ease s) section	GS CONSIDERED OF DEATH?
This does heard loiture, injury ar car of the control of the contr	SE OR CONDITION DIR LEADING TO DEATH not mean the made at osthenia, etc. It means mplicotian which coused ANTECEDENT CAUSES OR CONDITIONS, it is obave cause (A) G CONDITION last. IFICANT CONDITIONS CONDITION CAUSING I F OPERATION 198. CON WAS PERI UTING CAUSE OF	dying, e.g., the disease, deoth.) ONTRIBUTING TED TO THE	nature rupture of nembranes (48 hour livery by Cesarean lin of obout 21C. WHERE DID injury occur?	ease s) section FYES, WERE FINDIN RTIFYING CAUSES O	GS CONSIDERED OF DEATH? give exoct locotion)
OTHER SIGN TO THE DISEASE OR DISEASES rise to the UNDERLYIN TO THE DISEASE OR TO A LACIDIO OR CONTRIB DOR CONTRIB OF INJURY (APPROX.) 21A. ACCIDIO OR CONTRIB OF INJURY (APPROX.) 22. I certify that (I) (we and hour and 23A. SIGNATI	SE OR CONDITION DIR LEADING TO DEATH nat mean the made at osthenia, etc. It means implication which coused ANTECEDENT CAUSES OR CONDITIONS, it is obave cause (A) G CONDITION last. II IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON MAS PERI OTHER CONDITION COURSE OF MAS UNDERLYING UTING CAUSE OF y medical examiner) I Month) (Day) (Year) I that (1) (this hospital) lost saw the decease defrom the couses state	dying, e.g., the disease, deoth.) ONTRIBUTING TED TO THE	nature rupture of nembranes (48 hour livery by Cesarean lin cell l	ease s) section FYES, WERE FINDIN RTIFYING CAUSES OF If in Boltimore City. CUR? to Decemily) (our) opinion d	ONSET AND DEATH 8 hours GS CONSIDERED OF DEATH? give exoct locotion)

DEC 14 1965
UNIVERSITY MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR
DEC 14 1965

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was D.O.A. at a hospital (except where the physician wha pranaunced death was in regular attendance on the deceased prior ta death. Such

written approval must be obtained before the remains are embalmed or final dispasitian is made.

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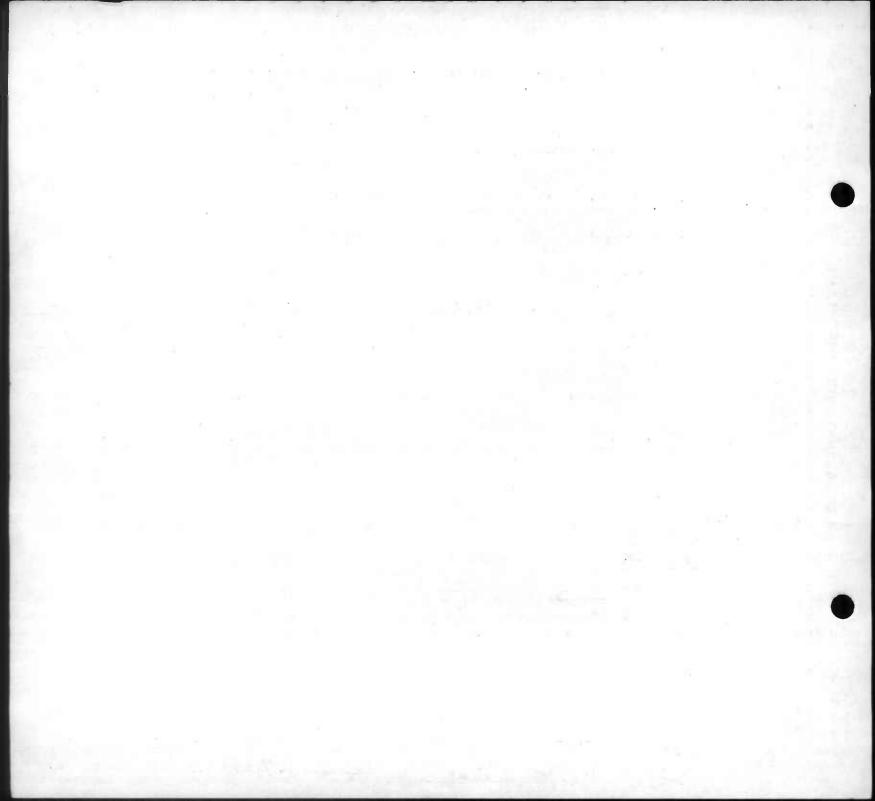
				BALTIMORE CITY	HEALTH DEPARTME	NT		
	TH NO.	65 12	726	CERTIFICA	TE OF DEA	TH Registered No	65 12726	
1.1	E CASE NO.	ASED			2. DA	ATE AND HOUR OF DEAT	н	
	pe or Print)	Harry	L. Pa	rrott, Sr.	. [ec. 12, 196	5 1 11 A.M.	
3.	PLACE OF DEAT	H IN BALTIMORE, OMA	RYLAND			E (Where doceosed lived. If	institution; residence before admission)	
	FULL NAME OF	(If not in hospital	or institution,	give street	Md.	267	03	
	HOSPITAL OR	oddress or location	n)		C. CITY OR TOWN		RURAL and give township)	
0	Hanland	1 Candon 1	Vinnin	· Homa	D. STREET ADDRESS	(If rural, give lacation)		
	палдола	! Gardens 1	vwisch	g Home	(1	rannon Drive		
Š.	SEX 6	RACE		, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
	male	white	widow	ed (specify)	July 13, 18	9. AGE (In years last birthday) 86	Months Doys Hours Min.	
		ATION (Give kind of wor	KIOB, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
901	0 , 11	chinist			Maruland		USA	
13.	FATHER'S NAME				14. MOTHER'S MAID	EN NAME		
Г	Honny	Clay Parre	ott		Elizabe	eth Wood		
15.	Was Deceased E	ver in U. S. Armed Fo If yes, give war ar date	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(16	no	if yes, give war ar aan	es di servicei	214079562	Mrs Almer	ta Morgan	same	
-	18. 72	2 V I		CAUSE O		а	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO				11/11	ONSET AND DEATH		
					it Cerebral	Throm bosis	17 hours	
	I a first of the state of the s				. / /	2		
1	ANTECEDENT CAUSES (8) Ger				nevalised f	tuteriosclero	sis !	
	heart failure, asthenio, etc. Il means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving							
	rise to the	se to the obave cause (A) stating the (C)				gananng.ng.ng.ng.ng.gg.gg.nn.nng.ng.gg.gg.ta.ng.gg.gg.		
	UNDERLYING CONDITION last.							
Z	OTHER SIGNIFI	THER SIGNIFICANT CONDITIONS CONTRIBUTING						
ATIO	TO THE DE	ATH BUT NOT REL	ATED TO T					
CERTIFICATION	19A. DATE OF	OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No. 20B. IF YES, WER	E FINDINGS CONSIDERED	
ERT	O ACCIDENT			D. DI A CE OF INITION/ 1	210 444585	000	City is a second second	
A A	OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF medical examiner	ho	B. PLACE OF INJURY (e.g., i me, lorm, foctory, street, o c.)	ffice bldg., INJURY OCC	CUR?	ore City, give exact lacotion)	
EDIC		Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?		
2	(APPROX)			hile At Not Whit				
	22. I certify that (I) (this hospital) attended the deceased from 12-11- 1965 to 12-12 1965.							
	that (1) (we) lost sow the deceased alive on 12-11- 1965 and that In(my) (ear) opinion death occurred on the date							
-		nd hour and from the causes stated obove. (1) (We) (did not) view the body after death.						
	23A. SIGNATUR			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			23B. DATE SIGNED	
	me	Gun C. li	una	M.D. Att	ending Med.	Stoff Phy s.	12-13-65	
	23C. PHYSICIAN NAME (Typ	rs 11	2/1	,	23D. ADDRESS	1		
	THANKE CTYP	Milton	CIL	749 M.D.	2117 13	elair Rol	2/2/3	
24	A. BURIAL CREM REMOVAL (Sp		24C.1	NAME OF CEMETERY OF CR	EMATORY		City, town, or county) (State)	
	burial	12-15-	65 Loi	idon Park (e	metery	Baltimore,	Md.	
-					0			

DEC 14 VS 150-REV. 1/1/65

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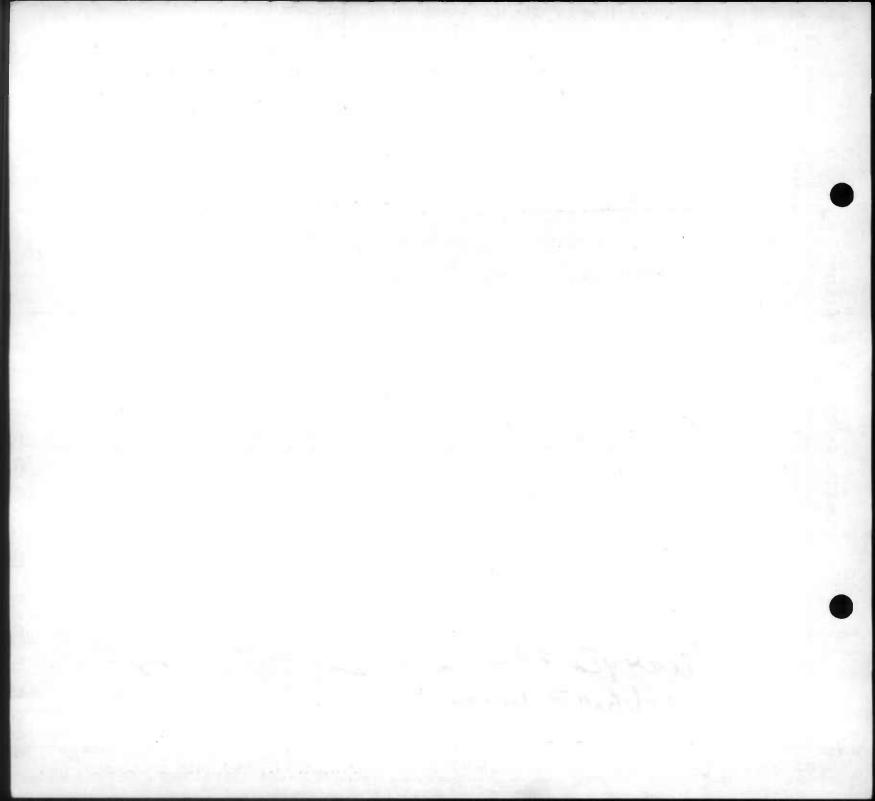
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Leonard J. Ruck Inc Baltimore, Md.



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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc	written approval must be obtained before the remains are embalmed or final disposition is made.

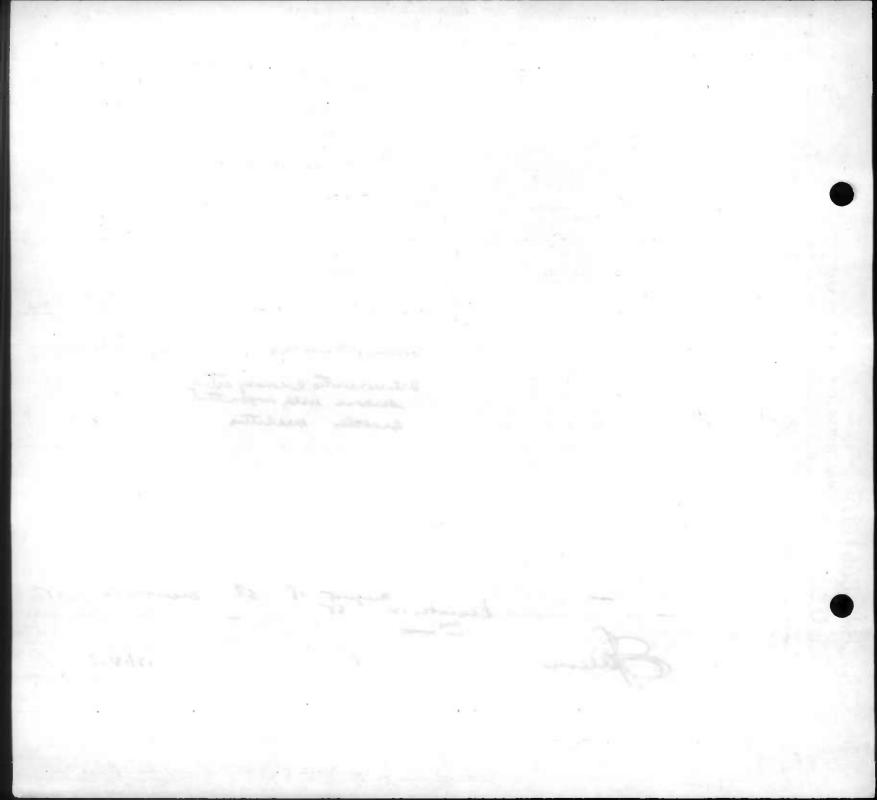
65 12727	BALTIMORE CIT	Y HEALTH DEPARTMENT					
CERTIFICATE OF DEATH Registered No. 65 12777							
M.E. CASE NO.		2. DATE AND HO	UR OF DEATH				
(Type or Print) Joseph	Sienkielewski	Decembe	er 10, 1965 M				
3. PLACE OF DEATH IN BALTIMORE, MARYLANI			cosed lived. If institution residence before admission)				
FULL NAME OF (If not in hospital or insti-	lution give street	Md.	9-72				
HOSPITAL OR address or location) INSTITUTION	orion, give since	C. CITY OR TOWN (If outside city Ilmits, write RURAL and give township) Baltimore					
Baltimore City Ho	spital	D. STREET ADDRESS (If rurol, g	ive locotion)				
0	,	1601 Argonne					
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGI	E (In years If Under 1 Yr., If Under 24 Hrs. Months; Days Hours; Min.				
male white m	arried	7eb.20.1887	78				
10A, USUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of foreign cou	12. CITIZEN OF WHAT COUNTRY?				
Ret. Self Employed		Poland	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Not known		Not ham					
15, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Not known	ADDRESS				
(Yes, no or unknown) (If yes, give wor or dates of se	rvicel SECURITY NO.	Wanda Sienkiele					
18. 4/00 /1	CALISE	OF DEATH	INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	CAUSE	4	ONSET AND DEATH				
LEADING TO DEATH		Co Co De ca					
(This does not mean the mode of dying,		23					
heorl foilure, osthenio, etc. II meons the di injury or complication which coused death.		Re de	1				
ANTECEDENT CAUSES	Region						
DISEASES OR CONDITIONS, if ony,	giving DUE TO						
rise to the obove couse (A) stoting	g the (C)						
UNDERLING CONDITION ISSI,							
OTHER SIGNIFICANT CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.							
1) 104 1108	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?				
			CERTIFIED CAUSES OF DEATH:				
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore City, give exact location)				
DEATH (notify medical examiner)	etc.)						
21D. TIME (Month) (Doy) (Year) (Hou	21E. INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?				
(APPROX)		While At Not While At Work					
22, I certify that (I) (this hospital) atte		10/11/02/19	to 19/19/65 19				
that (1) (we) last saw the deceased oliv	. 1						
	/ / / /	100	my) (aur) opinian deoth accurred an the dat				
and hour ond fram the causes stated ab	ove. (I) (We) (did) (did nat)	view the bady after death.	DATE SIGNES				
23A,SIGNATURE	Luck M.D. A	ttending Med Staff	23B, DATE SIGNED				
Well y Cell	PI PINCE PI	nys. Director Phys.	18/12/65				
23C. PHYSICIAN'S NAME (Type)	1/ 1/	23D. ADDRESS					
111-19 ull t.)	Cus'llongla M.C						
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	24C, NAME of CEMETERY of C	REMATORY 24D. LOCATI	ON (City, town, or county) (State)				
	Woodlown Ceme	tony Balti	more, Md.				
	Moodlown (eme	250. FUNERAL DIRECTOR	ADDRESS				
DEC 14 1965 R. P. A. E.	stable MA 0	Leonard Ja Ru	ick Inc Baltimore, Md.				
VS 150-REV. 1/1/65							



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

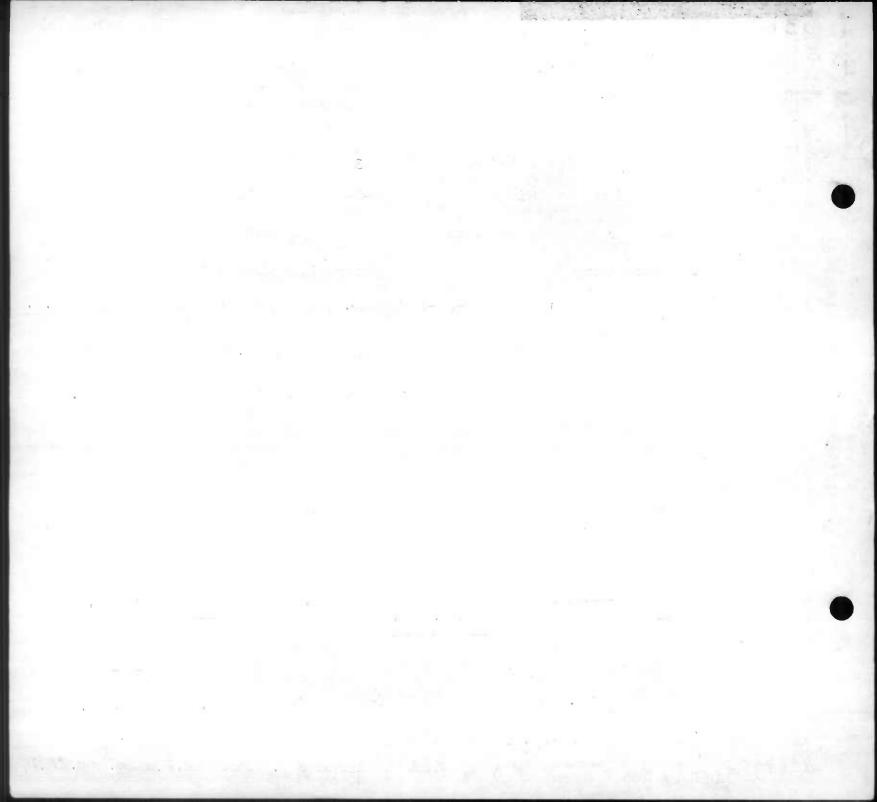
		HEALTH DEPARTMENT	V	65 10000		
BIRTH NO. 65 1272	CERTIFICA	TE OF DEATH	Registered No.	65 12728		
M.E. CASE NO. I.NAME OF DECEASED		DATE AND	D HOUR OF DEATH			
(Type or Print) Albert W. F.	innegan	Dec.	12, 1965	7.40 A A		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT		stitution: residence before admission		
FULL NAME DF (If not in hospital at institution, give street oddress or location) INSTITUTION		C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship)				
1) 316 Birkwood Place		Baltimore		6300		
10 310 DOGWOOD PLACE		Box 490 Ho.	My Tree 1	Road		
WIDO	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 His Months Doys Hours Min.		
male white ma	rried	7				
0A. USUAL OCCUPATION (Give kind of work 10 B. KIND lone during most of working file, even if retired)	OF BUSINESS OR INDUSTRY	II. BIRIMPLACE (Stote of foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Race Track Employee		Maryland 14. MOTHER'S MAIDEN NAM	AE	USA		
			AE			
Lawrence Finnegan 5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Susan Ward		ADDRESS		
Yes, no at unknown) (If yes, give wor of dotes of service	SECURITY NO.		7.			
no	212093969	Dorothea N.	Jinnegan	Same INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY	CAUSE O	DEMIN		ONSET AND DEATH		
LEADING TO DEATH	LEADING TO DEATH			12 hours		
(This daes nat mean the made at dying, of heart lailure, asthenia, etc. It means the disec						
injury as camplication which caused death.) ANTECEDENT CAUSES	(B) arte	involeratio corer isease with a eateles mell	ary artry	1958		
DISEASES OR CONDITIONS, il any, giv	2 (
rise to the above cause (A) stating UNDERLYING CONDITION tost.	the (C)	enteles mell	illus.	2 years		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore	e City, give exact location)		
W OF INITION	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)	While At Work Not While At Work	e				
22. I certify that (I) (this hospital) attended			953 10 De	center 12 1965		
that (I) (we) last sow the deceased alive (on December 12	19 65 and the	ot in(<u>m</u> x) (our) api	nion death occurred on the do		
ond hour and from the couses stated abave	e. (I) (We) (did) (did not) v	iew the body ofter deoth.				
23A. SIGNATURE	M.D. Atte	ending Med.	Stoff	238. DATE SIGNED		
23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phy s.	וש אבוןעו		
NAME (Type)	M.D.					
E. J. Ales	SSI M.D.	6217 Hg	orford Rd	Ralto Md.		
REMOVAL (Specily)	V 1	2	,	4		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	250. FUNERAL DIRECTOR	Itimore,	ADDRESS		
DEC 14 1965 P.O. A 2 3	GOLDWAN ()	1 Leonard 9.2	Ruck Inc	Baltimore, Md.		
VS 150-REV. 1/1/65		· · ·				



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		BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO.	(5-120	OG CERTIFICA	ATE OF DEATH	Registered No.	65 12729		
M.E. CASE NO.	EASED		2. DATE AND	HOUR OF DEATH			
(Type or Print)	live Anders	on	12-13-65 8:25 am.				
	ATH IN BALTIMORE, MAR		docoosed lived. If	institutions residence before edmission)			
	FULL NAME OF (If not in hospital or institution, give sheet oddless or location)				(A)		
HOSPITAL OR				sido city limits, write	RURAL and give township)		
INSTITUTION			Baltimore				
23				ural, give lacation)			
The To	hns Hopkins	Hospital	1301 Rayleic	rh War			
5. SEX		MARRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In veois	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.		
Female	White	WIDOWED, DIVORCED (specify) Widow	7-2-04	ast birthday) 61			
	UPATION (Give kind of work) working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State at faroig	gn country)	12. CITIZEN OF WHAT COUNTRY?		
House	. /	Own Home	Engla	nd	USA		
13. FATHER'S NAM	()		14. MOTHER'S MAIDEN NAM	AE			
T ml.	- 0		C 1	11- C 1			
	omas Gray	es? 16. SOCIAL	Sarah Ann B	Lackiord	ADDRESS		
	(If yes, give wer ar dotes	of conical creums and		11 , 1			
No		206-10-160	9 Mrs. Jesse y	abbert, L	ong Island, N.Y.		
18.466	+X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEA	SE OR CONDITION DIRE						
(This does no	LEADING TO DEATH	obable pulmonary	embolus	sudden			
	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,						
injury or com	nplication which caused	ep thrombophlebit	4.5	4 weeks			
	ANTECEDENT CAUSES	eb miroimobirrepre					
	OR CONDITIONS, if a						
	e above cause (A) G CONDITION last.						
	11						
O OTHER SIGNI	IFICANT CONDITIONS CO			1			
	EATH BUT NOT RELAT						
1 11	TALA O DEDE	OTTON FOR WHICH OPERATION	YES	FINDINGS CONSIDERED			
None	WASTERI	S KIVILD	YES	NO			
U 21 A. A CCIDE	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY (e.g.	affice bldg., INJURY OCCUR?	(If in Boltime	aro City, give exact location)		
	medical examinar) No						
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
S OF INJURY		While At Not W	hile				
		Work L At Wo		1.			
					December 13, 19 65		
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	ray 2	, fensen M.D.	hys. Med. Director	Stoff Phys.	12-13-65		
23C. PHYSICIA		0	23 D. ADDRESS				
NAME (1	Jay B. Je	ensen M.	Johns Hopkins H	ngnital P	altimore MD		
24A. BURIAL CRE	MATION, 248. DATE	24C. NAME of CEMETERY OF C			City, town, or county) (Stote)		
REMOVAL	Specify)				on Pa		
Duria	//	65. Forest Home	25C. FUNERAL DIRECTOR	raye	or, Pa Balto. Md.21214		
ZSA. DATE REC'D	DI REALIN DEFI.	25B. NAME OF REGISTRAR	Leonard In	Ruch ann	. Balto. Md. 21214		
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Leonard Jo Ruck Inc. Balto. Md. 21214



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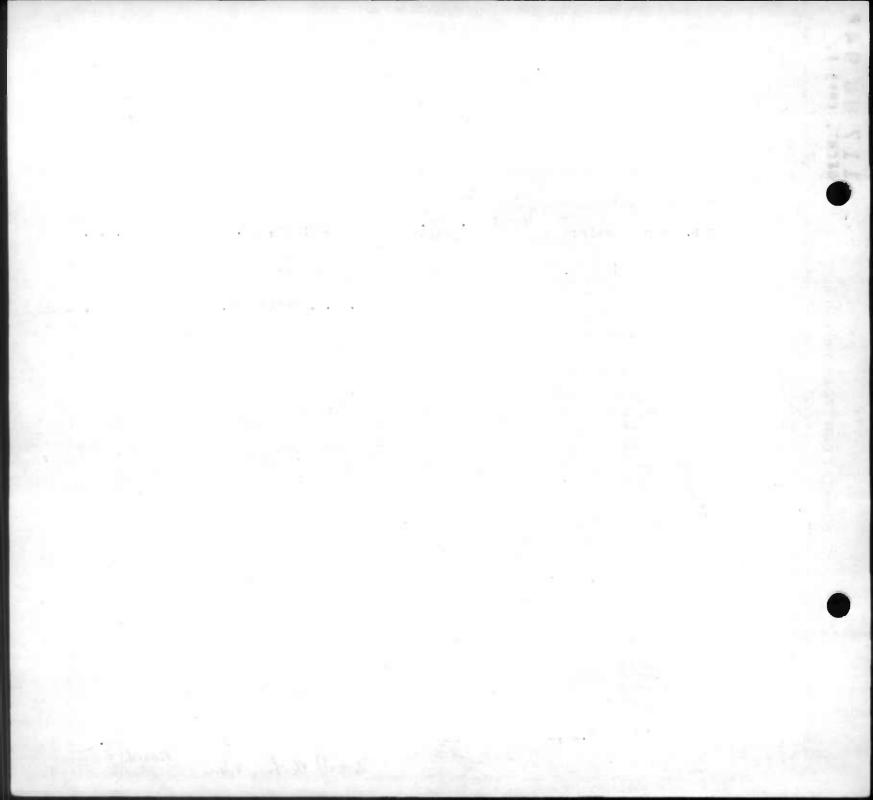
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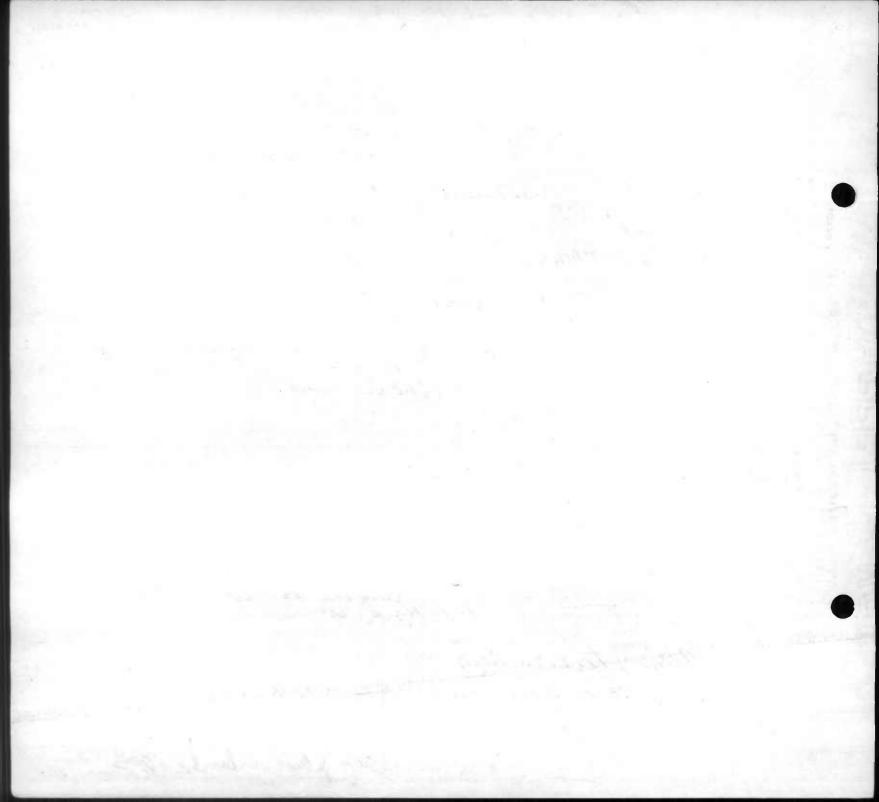
BALTIMORE CITY HEALTH DEPARTMENT 65 12730 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 12-11-65 EMMA R. HECHT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND MARYL AND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township BALTIMORE THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rurol, give location) GROVELAND AVENUE 9. AGE (In years lost birthdoy) 52 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. , If Und Months: Doys Hours If Under 24 Hrs. 5. SEX 6. RACE WIDOWED, DIVORCED (specify) WIDOWED 11-10-13 FEMALE WHITE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hecht Co.Dept. Baltimore, Md. U.S.A. Asst.Buyer Retired Stores 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME LILIAM E. PIPER WILLMAM H. RA

15. Was Deceosed Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Mr. Wm. H. Ransley Jr. 2800 Bayonne Ave. 2121 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? rechum 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Wash 11-11-105 22, I certify that (I) (this hospital) attended the deceased from... 12-11-65 ______19_____ond that in(my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on..... and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 238 DATE SIGNED Attending Med. Stoff 12.11-65 Phys. Director Phys. approval 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) JOHNS HOPKINS HOSPITAL JOSEPH RICH M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Dec.14,1965 Woodlawn Woodlawn 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65



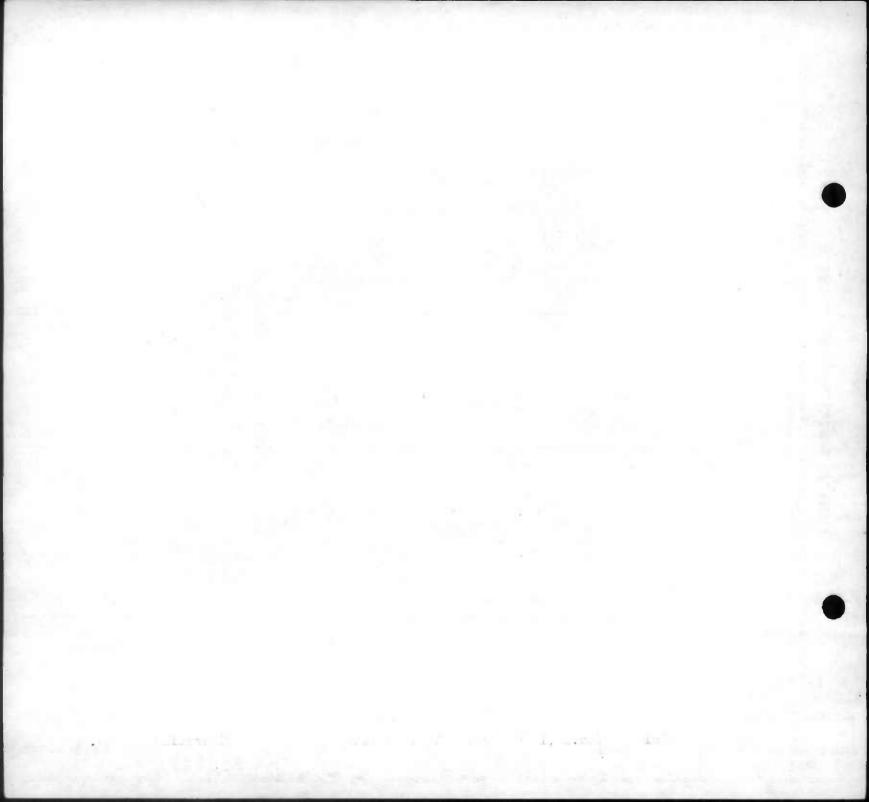
BALTIMORE CITY HEALTH DEPARTMENT 65 12731 65 12731 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH SANDIZA MATTHEWS (Type or Print) Decreubon 10, 1965 4. USUAL RESIDENCE (Whore deceased lived, if institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Monte be lo State Hospital Maltimore, Md. (If rurol, give location) DRZP MAISEL St. 9. AGE (In years 5, SEX 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. Hours Min. 6. RACE WIDOWED, DIVORCED (specify) lost birthdoy LEVER MARKIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tite, even if retired) 19altimone Ald 7154 unemployed 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Matthews DORIS ASHLEY 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wer or dotes of service) SECURITY NO. Hospital Chart NO NONE CAUSE OF DEATH 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LA Epidenmolzsis BullosA Distro-DUE 10 phica. LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) Unknown cause -ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 21 & PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF homo, form, foctory, street, office bldg., tNJURY OCCUR? DEATH (notify modical examiner) 21 D. TIME (Month) (Doy) (Your) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While ALF (APPROX) At Work Work 22. I certify that (1) (this haspital) attended the deceased from November December 10 19 65 that (I) (we) lost sow the deceased alive on... ond that In(my) (our) opinion death occurred on the date ond hour and from the couses stated above. (1) (We) (dld) (did not) view the body after death. 23A, SIGNATURE 238 DATE SIGNED Telleraciones. M.D. Attending Phys. Dice in here 10,1965 Stoff Director 23 D, ADDRESS 23C. PHYSICIAN'S NAME (Type) ESAR J. PELLERANU Jeceased pr 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 12/14/65 Loudon Park Cemetery Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR



DFC 1 4 VS 150-REV. 1/1/65

10700	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 12732		
ыкти но. 65 1.2732	CERTIFICA	TE OF DEATH	Registered Na	OO TIOICIO		
M.E. CASE NO,). NAME OF DECEASED		2 DATE AN	D HOUR OF DEATH			
	Stevenso			10:10 A		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	X CEVUIXO	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	10:10 A		
		A. STATE B. COUN		, , ,		
FULL NAME OF (If not in hospital or institution oddress or location)	i, give street	c. CITY OR TOWN (IF OU	teide city limits, write R	URAL and give township)		
INSTITUTION	1 4 ./ 5	Bant	110	1102		
UNIVERSITY of MARY	LAND	D. STREET ADDRESS (If	rurol, give location)			
U Hos	BITAL	903 6	Patredial	St#1		
	D, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr		
1	Idowed	10/6/00	lost birthdoys	Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B. KIND		Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF		
done during most of working life, even if retired}		MARILA	.10	WHAT COUNTRY?		
CLERICAL WORKER		MARYLA		USA		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA				
OSCAR PAUL COREMAN		MARY E	elen CAL	OBAN		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	HAMNAH (DICOUNDE	IIA FATTINE		
18, 109 1	CALISE	OF DEATH	CONTON	Lahan ADDRESS 61A Fennagh INTERVAL BETWEEN		
6071		DEATH.		ONSET AND DEATH		
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hearl failure, asthenia, etc. It meons the diseas			1 /	5-days-		
injury ar camplication which caused death.)	- V	unary Hact	Angection	sauge-		
ANTECEDENT CAUSES (B) DUE TO						
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) Parking or complication which caused death.) Unmary Tract Infection Due to Out to						
UNDERLYING CONDITION last,	1e (C)					
11						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG 0 /	1 -	4			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Parkin	son's Diseas	rl			
U 19A. DATE OF OPERATION 198. CONDITION FOI	R WHICH OPERATION	20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED		
10/19/65 WAS PERFORMED	sensons Du	ease NO	IN CERTIFYING CAL	ISES OF DEATH?		
U 21A, ACCIDENT WAS UNDERLYING 2	IB. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)		
	ome, form, foctory, street, etc.)	office bldg., INJURY OCCUR?				
O 21D. TIME (Month) (Doy) (Yeor) (Hour) 2	1E. INJURY OCCURRED	21F, HOW DED INJ	HBY OCCUP?			
OF INJURY	While At Not Wh		OKI OCCOK:			
	Work Al Work					
22. I certify that (1) (this hospital) attended	the deceased fram	clother 14	19 65 to VC	ecember 10 19 6		
that (1) (we) last saw the deceased alive on	1/2			ion death accurred an the d		
and haur and fram the causes stated abave. 23A. SIGNATURE	(I) (me) (did) (did not)	view the body after death.		DATE SIGNED		
	edin - 40 A	ttending Med.	Stoff -	23 B. DATE SIGNED		
1 gase.	rolling M.D. A.	ys. Director	Phy s.	12-10-01		
23C.PHYSICIAN'S NAME (Type)	0.0	123D, ADDRESS	souther Ba	et, home		
23C.PHYSICIAN'S NAME (Type) THAVAT CHAI FUANGVUD	HIKAN M.D	university Ho	17/10-1			
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF C	REMATORY 240. L	OCATION (Cit	y, town, or county) (State)		
REMOVAL (Specify)						
	Druid Ridge Ce		Pikesvill	Le Md.		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	E OF REGISTRAR	25C. FUNERAL DIRECTOR	0	ADDRESS		
DEC 1 4 1965 P. O. R. S. S.	So Chi. M.M.	JYNS.VIJICK	ner & Done	M.+ Pa. aves		



	BALTIMORE CITY	HEALTH DEPARTMENT		CE 40MOD		
BIRTH NO. M.E. CASE NO. 65 12733	CERTIFICA	TE OF DEATH	Registered Na	63 12/33		
1. NAME OF DECEASED (Type or Print)	Howard H	. 12	HOUR OF DEATH	9:15 Am.		
FULL NAME OF HOSPITAL DR INSTITUTION FULL NAME OF HOSPITAL DR Oddress or location) UNION MEMOR		BALIM	d deceosed fived. If instity Side city limits, write RU OKE Turol, give location) UTRIDSE T	RAL ond give township)		
	ED, NEVER MARRIED		11.	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even it retired) Salesman (Retired).	OF BUSINESS OR INDUSTRY	Baltimore, Man	ryland	12. CITIZEN OF WHAT COUNTRY?		
Schatt		No Ax	Marie Rees	e		
15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)		17. INFORMANT Hospital re	ecords	ADDRESS		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying,	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) SHOULE (A) INTERVAL BETWEEN ONSET AND DEATH					
heart failure, asthenia, etc. It means the disectinity or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, give is the above cause (A) stating UNDERLYING CONDITION lost.	ing (B) (B) DUE TO	Dissecting,	INFARCTIO Aueurzym	N 10 h		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, larm, factory, street, aff etc.)	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)		
	21 E. INJURY OCCURRED While At Not While At Work	21 F. HOW DID INJU	URY OCCUR?	M. pla		
22. I certify that (+) (this hospital) attended the deceased fram. 4.15 MM 1472 19 (05) to 915 MM (4.12 19 (65), that-(+) (we) last saw the deceased alive an						
23A. SIGNATURE NUMBER 23C. PHYSICIAN'S	Phys	nding Med. Director	Stolf Phys.	12/12/65		
R. Whitlock		Union Memoria				
Burial - 12/15/65	Druid Ridge Ce		Pikesville,	Md.		
DEC 1 4 1965 R. C. & E. &	a from 10 0	um J. Hick	ner I dons	north & bonnk		
TO 100-16 To 1/ 1/00						

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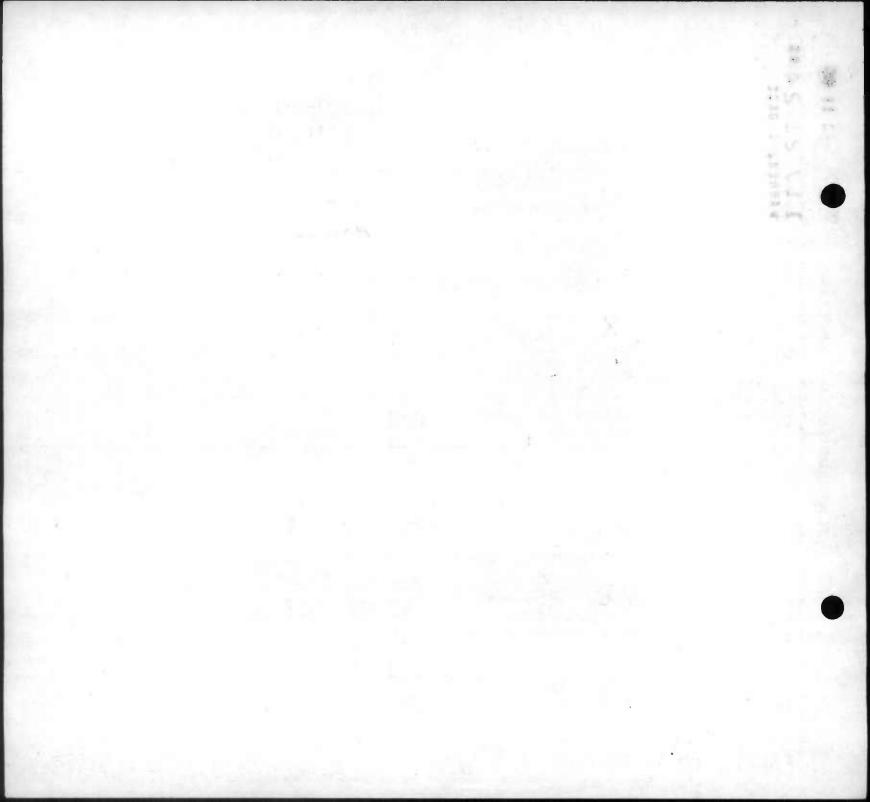
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		BALTIMORE CITY	HEALTH DEPARTMENT						
	H NO. 65 12734	CERTIFICA	TE OF DEATH	Registered No.	05 12734				
1. N	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH					
(Ty	or Print (Leorge, Warn	er	12/1	1/105	7:30				
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE When	deceased tived. If insti	tution: residence before admission				
	the state of the s			1.5	2-13				
	FULL NAME OF (If not in hospital or instituted of the state of the sta	tion, give street	MARYLAND						
	NSTITUTION			tside city limits, write RU	KAL end give township)				
15	THE JOHNS HOPKINS HO	CDITAL	BALTIMORE D. STREET ADDRESS (IF	rurol, give location)					
	THE JUNNS HUPKINS HU	SPITAL							
				AY STREET					
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	. USU'AL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (Stote or forei	gn county)	12. CITIZEN OF WHAT COUNTRY?				
don	during most of working life, even if retired)	None	An	1 17 4	14 C				
13	FATHERS NAME	, , , , , , , , , , , , , , , , , , , ,	14. MOTHER'S MAIDEN NAM	-0 , \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	V(.3. M				
113.	FAIRER 3 HAME		THE MOTHER'S MAIDEN HAP	VIE					
1	AL WARNER		MARY LAND						
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	1	SECORITI NO.							
-	18.	CAUSE O	E DEATH .	The state of the s	INTERVAL BETWEEN				
	107X	CAUSE	DEAM	01.00	ONSET AND DEATH				
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	heart failure, astheria, etc. Il means the disease,								
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	DISEASES OR CONDITIONS, if ony, gi	.1							
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ATIO	TO THE DEATH BUT NOT RELATED TO) THE							
O	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY2 (Yes or No	208, IF YES. WERE FIR	IDINGS CONSIDERED				
1 =	WAS PERFORMED		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	ES OF DEATH?				
CERTIFIC	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore (City, give exact location)				
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?		.,,				
U									
EDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
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11	that (1) (we) lost sow the deceased alive on What the dot								
	and hour and from the courses stated above	(I) (We) (did) (did not) v	riew the body ofter deoth.						
	23A. SIGNATURE			2	38. DATE SIGNED				
	7 . T. Tall	M.D. Atte	s. Med. Director	Stoff Phys.	12/3/65				
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	NAME (Linge)	4000 M.D.	John Hal	was for or	10- Bolt And				
24	E. Eugene	Taye	10/10/10/10 A	m Honde	14 Law 1110				
241	REMOVAL (Specify) 248. DATE 24	C. NAME OF CEMETERY OF CRE	MAIORT (724D, LI	OCATION (City,	town, or county) (State)				
II A	12.14-62	M. CALVARY	100	mark/	md				

PEC 1 4 1965 256 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Tara VS 150-REV. 1/1/65



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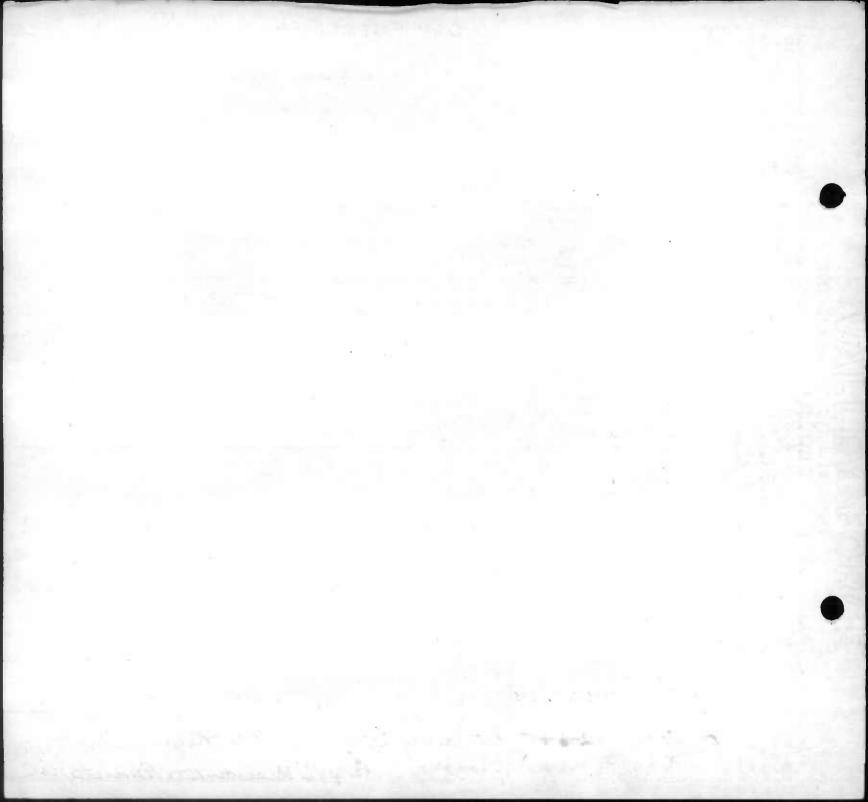
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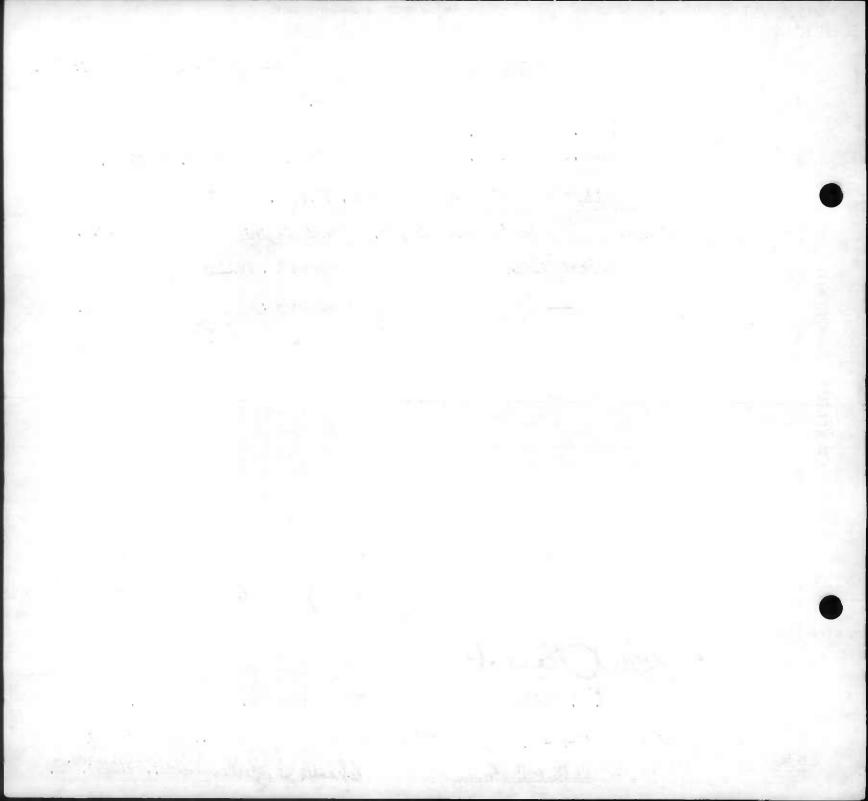
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. RTIFICATE OF DEATH M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) USUAL RESIDENCE (Where deceased lived, if institution; residence before admission FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital ar institution, give street address or lacation) C. CITY OF TOWN (Il outside city limits, write RURAL and give tawnship) (If rural, give location) D. STREET ADDRESS 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 6. RACE 9. AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoyl Kerned tOA USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY done during mast af warking life, even if retired) 13. FATHERS NAME 15. Was Deceased Ever in U. S. Armed Farces ADDRESS 6. SOCIAL (Yes, no or unknown) (III yes, give war ar dates of service) SECURITY NO. 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, larm, factory, street, affice bldg., INJURY OCCUR? (II in Baltimore City, give exact location) DEATH (notify medical examined etc.) MEDIC 21 D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on... ond that in(my) (aur) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending Phys. Med. Stalf Director ___ approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 220 Daniel G. 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 12-16-65 TH DERT. |258 258 NAME OF 256 FUNERAL DIRECTOR



65 49790 BALTIMORE CITY HEAD	LTH DEPARTMENT 65 12736
BIRTH NO. M.E. CASE NO. BRALTIMORE CITY HEAD MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
HENRY GOODWIN	12/13/65 10:00 p. _{M.}
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, perite RURAL and give township)
NASHIONON	Baltimore
69	D. STREET ADDRESS (II urol, give locotion)
Hopkins Hospital	1031 N. Gay St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
male colored manier	Dec 23-1895 71
IDA. USUAL OCCUPATION (Give kind of work OB. KIND OF BUSINESS OR TNDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Playetown & Cavluse Il SA
On 1 A n	V Va
Elejah booluni	17. INFORMANT Handeron ADDRESS
15. WAS DECRASED EVER'IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
he 151-62-6347	met molecul
18. CAUSE	E OF DEATH INTERVAL BETWEEN
PISTAST OR COURTING PISTATIVE	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcin	noma of epiglottis
(This does not meon the mode of dying, e.g., DUE TO	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	no IN CERTIFYING CAUSES OF DEATH?
Z1A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- Home, form, loctory, street, local contribution in the contr	in or obout 21C. WHERE DID (II in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	once dog, NJORT OCCOR!
2 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) M. WHILE AT NOT NOT AT W	WHILE OF
22.	topsy ond that on this bosis, death in my opinion
resulted from: Notural causes X Accident Suicid	
	CHIEF MEDICAL EXAMINER
SIGNATURE Colones W. En almo	ASSISTANT MEDICAL EXAMINER *
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 12/14/65
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY , 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	AD A D St mal
Burial 12-17-65 Balls Nas	Cont Dallo Mex
245. DAIL REC D BI HEALTH DEPT. 248. NAME OF REGISTRAR	24C. EUNERAL DIRECTOR ADDRESS
DEC 14 1900 Olabert 2. 30000	tohaille hours Bin to
VS 151-REV. 1/1/65	- The same of the same of the

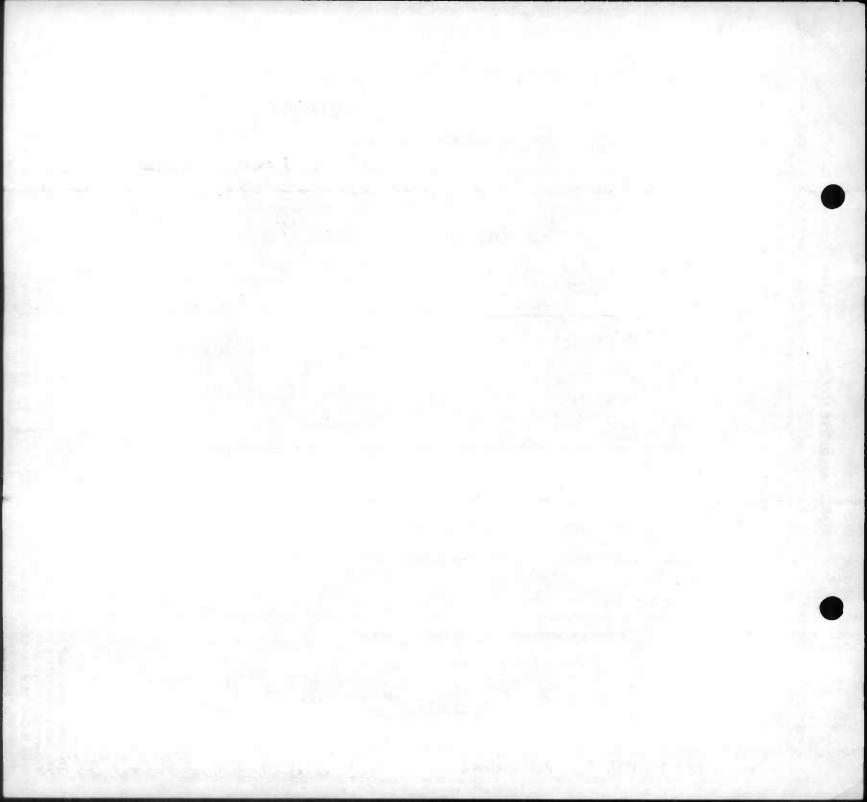
march Berest-1795 Werestown Literary and the Commence of the state of the st Build Broken Mallow Cont. Build

Cot 2, 1915 Sold	BIRTH NO. M.E. CASE NO. 1. NAME OF DEC (Type or Print) 3. PLACE OF DE	CEASED	12737 CE	RTIFICATE OF	2. DATE AND Decem	nber 9, 19	765 11:25	P. M
S. SEK G. BACE 7, MARRIED, INVER MARRIED S. DATE OF BIRTH D. ACE (in year Months; Days House) Divoxoced D. C. D. 1915 D. C. D. 1915 D. C. D. C	HOSPITAL OR	425 S. A	rgelsea St.	C. CITY O	Md. R. TOWN (If outs Baltimore ADDRESS (If r	side city timits, write	RURAL and give township)	
TO JUST TO THE STONY CONTROL FOR WHICH OF BUSINESS OR INDUSTRY 11. BIETHPLACE (South or foreign country) Waitness Tolbert Miller Tolbert Mi	-	1410	WIDOWED, DIVORCE	ARRIED 8. DATE OI	BIRTH	AGE (In years	If Under 1 Yr. If Under	24 Hrs. Min.
Tex.no a onknown (III yes, give wat at dotes of service) No III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) DISEASE OR CONDITIONS DIRECTLY LEADING ON THE DEATH BUT OR COLUMN (II) DISEASE OR CONDITIONS, if any, giving isse to the above cause (A) stating the UNDERLYING ONTER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 12 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 13 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 21 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 21 OTHER SIGNIFICANT CONDITION CAUSING IT. 13 OTHER SIGNIFICANT CONDITION CAUSING IT. 14 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 15 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 16 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 16 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 17 OTHER SIGNIFICANT CONDITION COURSE OF INJURY (e.g., in or obout) 21 C. WHERE DID IN CERTIFING CAUSES OF DEATH? 21 OTHER SIGNIFICANT CONDITION CAUSING IT. 22 OTHER SIGNIFICANT CONDITION COURSE OF INJURY COURSE DISEASE OR CONDITION CAUSING IT. 22 OTHER SIGNIFICANT CONDITION COURSE OF INJURY OCCUR? While At Work AND While At Work AND While At Work AND While At Work AND Altending Med. 22 OTHER SIGNIFICANT CONDITION COURSE OF Phys. 23 OTHER SIGNIFICANT CONDITION COURSE OF Phys. 23 OTHER SIGNIFICANT CONDITION COURSE OF Phys. 23 OTHER SIGNIFICANT CONDITION COURSE OF Phys. 24 OTHER SIGNIFICANT CONDITION COURSE OF THE COURSE OF TH	10A, USUAL OCC dane during most of Wait	UPATION (Give kind of we working life, even if retired	ork 108. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPI	ACE (State or foreig		WHAT COUNTRY?	
15. West Deceased Ever in U. S. Amed Forces? 15. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. 19. 1		_	Niller		Emmer R.	Miller		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heat foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION tost. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED DISEASE OR CONDITIONS. If any, giving rise to the decease of performed to the center of the decease of	(Yes, no or unknow	Ever in U. S. Armed F	orces? tles of service) 1 6. SOCIAI SECUR	ITY NO.	FANT		Same.	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DR CAUSE OF DEATH (notify medical examiner) Nome, form, foctory, street, affice bldg., INJURY OCCUR?	OTHER SIGN TO THE DISEASE OR	OR CONDITIONS, if the abave cause (A G CONDITION last. II IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING F OPERATION 198. CO WAS PE	CONTRIBUTING LATED TO THE	(C) 20A. AL		IN CERTIFYING CA	AUSES OF DEATH?	
22. I certify that (I) (this hospital) attended the deceased from 19 to 19 to 19 that (I) (we) lost saw the deceased alive an ond that in(my) (our) apinion death accurred on and haur and from the causes stated abave. (I) (We) (did) (did nat) view the body after death. 23A. SIGNATURE M.D. Attending Med. Stoff Phys. 12 - 10 - Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) B. W. Sollod M.D. 2900 Dunran Rd. Dundalk, Md. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	OR CONTRIB DEATH (notif	UTING CAUSE OF y medical examiner)	hame, form, for etc.)	CCURRED 21	IJURY OCCUR?			
23C. PHYSICIAN'S NAME (Type) B. W. Sollod M.D. Attending Phys. 23D. ADDRESS M.D. 2900 Dunsan Rd. Dundalk, Md. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) 24D. LOCATION (City, lown, or county)	22. I certify that (I) (we and haur an) lost saw the decea d figm the causes st	of) attended the decease	At Work		9 (2 ta	inion death accurred on	6 X
KEMOVAL (Specily)	23 C. PHYSICIA	ANS Type) B. W. S	ollod	23D. ADDRE	Director	Phys.	12-10-	65
Burial 12-13-65. Stacey Miller Cemetery Boone Co., West Virginga 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR DEC 15 1965 P. C. F. Q. L. D. M. L. D. L.	Buria 25A. DATE REC'E	BY HEALTH DEPT.	24C. NAME OF CEP 25B. NAME OF RESISTRA	iller (emeter	Boo			(State)

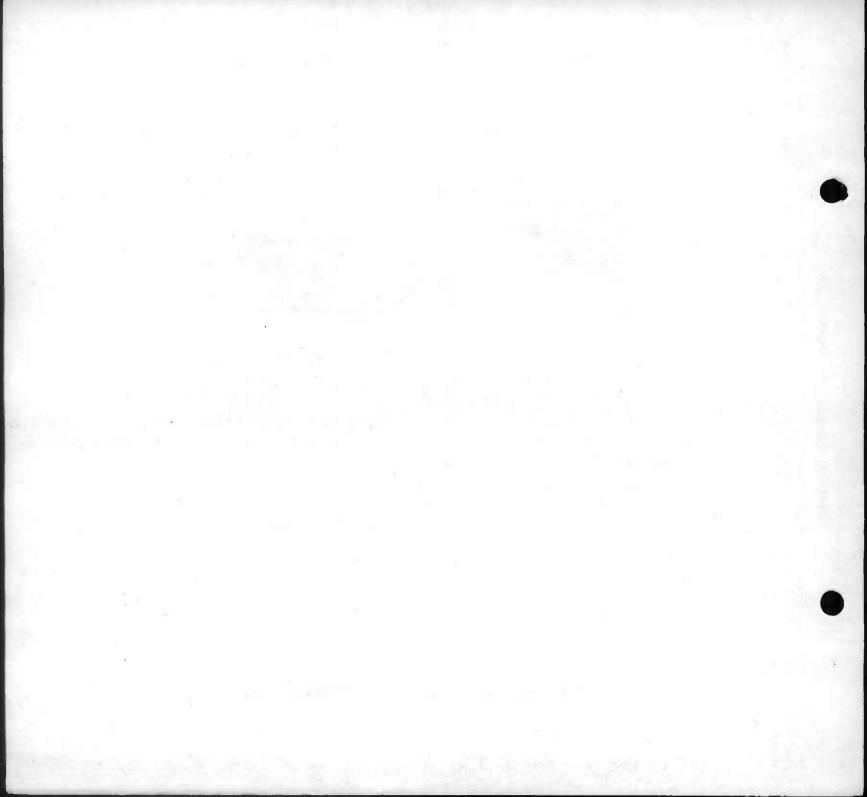


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). FUNERAL DIRECTOR: IMPORTANT

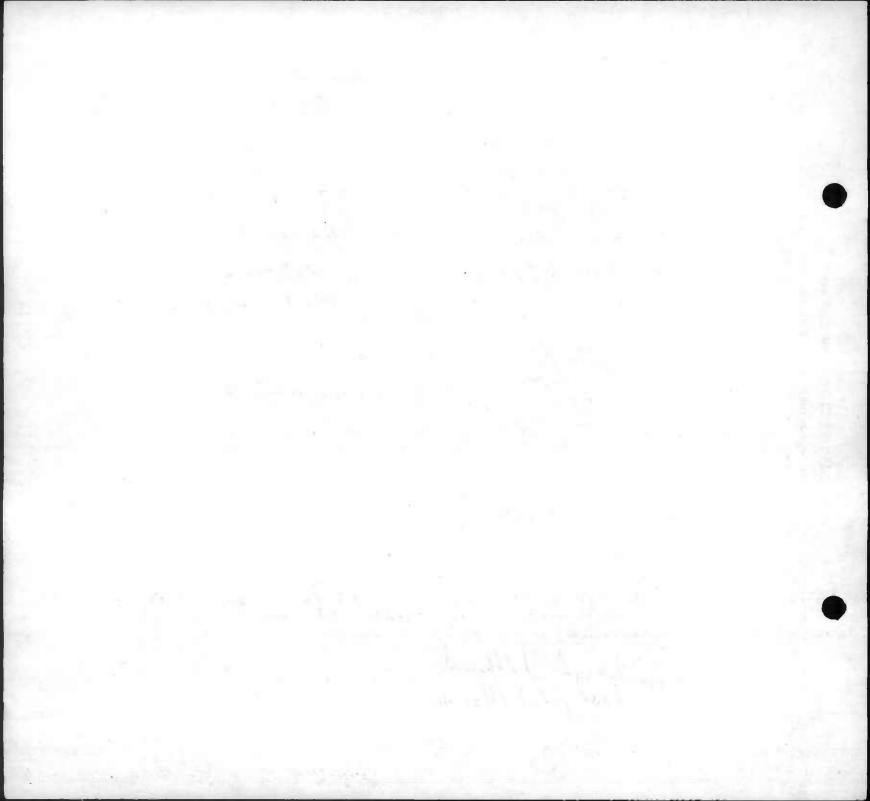
1.6.2044	BALTIMORE CITY	HEALTH DEPARTMENT		4
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	2738
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	100
(Turn or Bright /A a / A /)	MBER	1	2-10-65	10/P.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where of A. STATE B. COUNTY	deceased lived. It institutio	n: residence before admission)
FULL NAME OF (If not in hospital or institution, give hOSPITAL OR address or location)	street	MARYLAND	e city limits, write RURAL	3 alto
INSTITUTION MERCIN LA SIT	· n)	ESSEX - R	VITAL	A 2 9 B
MERCY HOSPIT	44	D. STREET ADDRESS (If ruro	d. give location)	- that
		1002 Fox	BUAL GOOM	2/
5. SEX 6. RACE 7. MARRIED, NEW WIDOWED, D	VER MARRIED IVORCED (specify)	12-9-15 los	AGE (In years If U Mont	nder 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. (CITIZEN OF
done during most of working lite, even if retired)	ANT	ROITIMAR	~ Ma	WHAT COUNTRY?
13. FATHERS NAME	7477	14. MOTHER'S MAIDEN NAME	EIIU	VIDIAI
EARL E. GAMBER		MARCINET	6 6.	
	SOCIAL	MARGARE)	3, 301	ADDRESS
(Yes, no or unknown) fit yes, give wor or dotes of service)	SECURITY NO.		7 0(1)	· · · · ·
No	NONE CAUSE OF		TAMBER	SAME
18. 76/101	CAUSE OF	DEATH	n	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Con	elevel bearing	1	
(This does not mean the mode of dying, e.g.,	DUE TO	was ruran	noye.	**********************************
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)			. 0	
ANTECEDENT CAUSES	(B)	crebial and	new.	
DISEASES OR CONDITIONS, if any, giving	DUE TO	1 1	7	
rise to the above couse (A) stoting the	(C) C	buyles place	ente.	ng 40 a a a gg8 150000 a a 6 000 a bb 4 a 9 000 abaa a 7 5 7 7 7 a 7 8 7 8 7
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
O DISEASE OR CONDITION CAUSING IT.	CH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FINDIN	GS CONSIDERED
WAS PERFORMED		Yes	N CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in orm, foctory, street, of	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimore City,	give exact location)
O 21D. TIME (Month) (Dov) (Year) (Hour) 21E IN	JURY OCCURRED	21 F. HOW DID INJUR	A OCCUBS	
While A	Not While		, 0000 m.	
Work	At Work			
22. I certify that (1) (this hospital) attended the a	1	12 - 9 19	65 10 12	-10 19 45
that (Me) last sow the deceased alive an	12-10	1965_ ond that	in (my) (our) opinion o	leath occurred on the da
and hour and fram the causes stated obave. (1) (W	(did) (did not) v	iew the bady after death.		
23A. SIGNATURE			23 8. 1	DATE SIGNED
Very X Shello	M.D. Atte	nding Med. Sto	off ys. I	2-11-65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11 11	
Perty S. She	TO M.D.	Mercy	Hospital	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City, low	n, or county) (Stote)
REMOVAL (Specify)				c M.
BURIAL 12-13-6 GA	RDENS OF	25C. FUNERAL DIRECTOR	ALTIMORE	ADDRESS
DEC 15 1965 R. C. A. E. Stelle	HA O D	1 12 01 A	July 4015.0	ONKLING ST
VS 150-REV, 1/1/65	7	January Mi,	Tues NAL	TO, 24, MD.
V3 13V-KEV, 1/1/03				



				HEALTH DEPARTMENT		
	TH NO.	65 1273	CERTIFICA	TE OF DEATH	Registered No.	65 12733
1, N	AME OF DECEASED	R J	USTUS WIRE	CHNITZER 2. DATE AN	12-8-6	5 1 2:50 PM
			MUELLER	4. USUAL RESIDENCE (Where A. STATE B. COUN'	ت ورت	stitution: residence before odmission)
	NSTITUTION		RE HOSPITAL	C. CITY OR TOWN (If out	ORE	RURAL and give township)
	<i>P</i>			4501 /4,	4 MPNET	T AVE.
5. \$	M 6. RACE		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) MARKIED		9. AGE (tn years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION during most of working life		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	,	112. CITIZEN OF WHAT COUNTRY?
13.	CHARLE	SEWI	RSC HNITZER	14. MOTHER'S MAIDEN NAM	IE MUE	
15. Yes	Wos Deceosed Ever in 1 i, no or unknown) (If yes,	J. S. Armed Forces?	16. SOCIAL	17. INFORMANT	+L RECE	ADDRESS
	DISEASE OR C	I ONDITION DIRECTLY	CAUSE O	F DEATH	, ,	INTERVAL BETWEEN ONSET AND DEATH
	LEADIN (This does not meon heart foilure, osthenia injury or complication	etc. It meons the di	seose,	senno mati	AD, DM	May
		DENT CAUSES	BUE 10	ac lerm nea	***************************************	
	DISEASES OR CON rise to the obove UNDERLYING COND	cause (A) stating		monary alel	eclasis C	and education
ATION	OTHER SIGNIFICANT OF THE DEATH E	UT NOT RELATED T				
ERTIFIC,	19A. DATE OF OPERATI	ON 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CAS	FINDINGS CONSIDERED USES OF DEATH?
AL CE	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDIC	21D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor) (Hour	21E INJURY OCCURRED While At Not While Not Work		JRY OCCUR?	
		· ·	nded the deceosed from		9 65 to	12-8 19 65
	that (I) (we) lost say ond hour and from th		ove. (1) (We) (did) (did not) v		ot in(my) (our) opii	nion deoth occurred on the dote
		le Boya		s. Director	Stoff Phy s.	123B. DATE SIGNED 12 -8-65
	23C. PHYSICIAN'S NAME (Type) ACINT	O V. DE	BORVA M.D.	FRANKLI	N Sau	ARE HOSPITA
24A	REMOVAL (Specify)	24B. DATE	PARKENDAR OF CEMETERY OF CRE	MATORY 24D. LO	OCATION (Ci	ty, town, or county) (Stote)
25A	DEC 15 1005	TH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	110, 00.	ADDRESS
VS	150-REV. 1/1/65	Offer DE	30 11 0	ULL RYOLL STUNDS	FRAL HOWE	ISHLTO, IIID.



	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO. 65 12	2740 CERTIFICA	TE OF DEATH	Registered Na.	65 12740
1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) AUGUST S	SIPNZY	D.	ec. 12.	1965 1140 AM institution: residence before odmission)
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	re deceased lived. If	institution: residence before admission)
	*	A. STATE B. COUN		01 1 1
FULL NAME OF (If not in hospital or insti	itution, give street	C. CITY OR TOWN III A	GROUE .	STAT PISA
INSTITUTION Baddless of location)		C. CITY OR TOWN	tside city limits, write	RURAL and give (winship)
× - 1/	-	15A / +	MORE	53 00
UNIVERSITY HOSP	IRL	D. STREET ADDRESS (IF	rurol, give location)	
4 7 3411	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MACE WHITE 10A. USUAL OCCUPATION (Give kind of work 108, K	WIDOWER	2.22-7/	94	
	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
done during most of working life, even if retired)		1.10		WHAT COUNTRY?
KellRED MI	FCHINE SHOP	MOSIN	A	174
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
A A25. 54		1		
5. Was Deceased Ever in U. S. Armed Forces?	2 N Z Y	UNKN	WN	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of so	ervice) 16. SOCIAL	17. INFORMANT		ADDRESS
117	TOO WILL THO.	State	Honort	A J SPRMS GRILL
700		-JNJE	Mideral	JA KING OKIO
18.053,41	CAUSE O			
DISEASE OR CONDITION DIRECTLY	(SEpticem Uning return		A A A A A A A A A A A A A A A A A A A
LEADING TO DEATH	(A)	JE WILLEM	1A PENA.	Shiteson
(This daes not mean the made of dying	, e.g., DUE TO	7-7-3-6	······································	
heart failure, asthenia, etc. It means the d injury or complication which caused death	isease,		1	11
	, r	Unina Petral	IN I LAISTE	eum atation
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any,	giving	,		
rise la lhe abave cause (A) slalin	g lhe (C)		00000000000000000000000000000000000000	
UNDERLYING CONDITION last.				
11				
OTHER SIGNIFICANT CONDITIONS CONTRI				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
U 19A DATE OF OPERATION 1198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES WEDE	FINDINGS CONSIDERED
WAS PERFORME	DA	110	IN CERTIFYING CA	AUSES OF DEATH?
The Roll	alw	100		
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg. INJURY OCCUR?	(If in Boltimo	re City, give exact location)
DEATH (natify medical examiner)	etc.)			
2 21 D. TIME (Month) (Doy) (Year) (Hau	or) 21E, INJURY OCCURRED	215 HOW DIE 1111	LIBY OCCUPY	
OF INJURY		21F. HOW DID INJ	OK! OCCUR!	
(APPROX)	While At Not While Work At Work			
00 1				12 - 10
22. I certify that (1) (this haspital) atte	A	12-12	19 <u>25</u> to	12-12 1963
that (1) (we) last saw the deceased alix	ve an 1/30 12/1	2 19 65 and th	at in (my) (aur) an	inian death accurred an the dat
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
and haur and fram the causes stated ab	ave. (1) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	NI II			23B, DATE SIGNED
Ch.	Mound M.D. Atte	ending Med. Director	Stoff Phys.	17/12
235 BUYELELANS A OZIAL	./		rnys. LA	12/12
PAME (Type)	11	23D. ADDRESS		
Jost oh.	MOWAD M.D.			
24A. BURIAL CREMATION, 24B. DAE	24C. NAME of CEMETERY of CRE	MAATORY 240	OCATION "	The Acres of Control of Control
REMOVAL (Specify)				City, town, or county) . (State)
BURIAL 12/15/6	ST. STANILL	tul Chm 121	+1. +1 m. n. 13	ne mo
25A. DATE REC'D BY HEALTH DEPT. 25B. N	IAME OF REGISTRAR	25C FILMERAL DIRECTOR	1011/1011	HOME-DUNDAUNA
	THE OF REGISTRAR	. TONERAL DIRECTOR		VDDKE22
DEC 15 1965 R. P. P. P.	Jan Bury O 1	1 VALIER 143 FT	UNERML	HOME-DUNDALIER
/S 150-REV. 1/1/65		. 0 0		



0 to

D.O.A.

Was

Such

(Type or Print)

FULL NAME OF

HOSPITAL OR

and

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 65 12741

RTH NO.	65 12741	CERTIFICATE OF	DEA
NAME OF DE	CEASED		12

STUMP

(II not in hospital or institution, give street

BALTIMORE CITY HOSPITALS PASTEDM ATEMITE

ADOLPH

oddress or location)

3. PLACE OF DEATH IN BALTIMORE MARYLAND

	2. DATE AND HOUR OF DEATH		_
	12-11-65	5:30 P	\
L RESI	DENCE (Where deceased lived, II instit B, COUNTY	lution: rosidonco betaro admissio	n)

4. USUAL RESIDENC A. STATE B. MARYLAND	E (Where deced COUNTY	sed lived	d. II i	nstitution	rosidor	co betaro	odmis
BALTIMORE	(It outside cit	y limits,	write	RURAL	ond give	township	

1	BALTIMORE.		4940 EASTERN	AVENUE. #	
MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 3-19-1907	9. AGE (In years lost birthday) 5. 8	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	and marking life owns if astisast)	LEHEM STEEL		reign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	NAME		14. MOTHER'S MAIDEN N	AME	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WM. STUMP	Louis E STORATH
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (It yes, give wor or dotes of service) SECURITY NO.	
NO 212-01-2105	RECORDS: BCH 4940 EASTERN AVENUE #2
2120101	TELOGIED. DOIL 4740 EADIEM AVENUE #2

18. 3 2 2.2 1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0,000 ~000 5	2 usles
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	DUE TO Reputer corner a failure	1200
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	DUE TO Olcholesin	20 m

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Du.	sdeval u	lan	10 whs
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes	or No) 208. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?

CERTIFICATION 218. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Boltimore City, givo exact location) MEDICAL DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work

1963 22. I certify that (I) (this hospital) attended the deceased from 6 19 that (1) (we) lost saw the deceased alive an and that in (my) (our) apinion death accurred on the date

23A. SIGNATURE	9	Menz	M.D.	Attending Phys.	Med. Director	Stoff Phys.	12/11/65
23C. PHYSICIAN'S NAME (Type)	G. GE	CY	,	23D. ADDRE		AVENUE #	27227

ı		4740	TWOTHER VARIOR	TRILLY	
١	24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETE	RY OF CREMATORY	24D. LOCATION	(City, town, or county)	(Stot
İ	REMOVAL (Specify)		m 1	1	1
l	Burial 12/15/65 Oak Lan	on	Bales.	Ca. M.	1 -

25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS

Janaren 321 VS 150-REV. 1/1/65

			BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	65 127	742	CERTIFICA	TE OF DEATH	Registered No.	65 12742
M.E. CASE NO.	CEASED			2. DATE	AND HOUR OF DEATH	1
Type or Print)	CLARENCE	HORACE	R. MYER	s JR. 12.	-12-65	0.10
PLACE OF DE	ATH IN BALTIMORE, MAR	RYLAND		4. USUAL RESIDENCE (W	here deceased lived, If	institution: residence before odmi
				A. STATE B. CO		
FULL NAME OF			street		WASHINGTO	
INSTITUTION	oddiess of locollon	,		C. CITY OR TOWN (If	outside city limits, write	RURAL and give townshipl
3_				HAGERSTOW		1183
THE J	OHNS HOPKINS	S HOSPIT	AL	D. STREET ADDRESS	(If rurol, give location)	
					IN AVE.	
S EX	6. RACE	7. MARRIED, NEY WIDOWED, D	VER MARRIED IVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours A
MALE	WHITE	MARRI		8-5-18	47	
	CUPATION (Give kind of work				oreign country)	12. CITIZEN OF
	working life, even if retired)	A TTO GTO A 1	200	3/17/2007 1 2000		WHAT COUNTRY?
PROGRAM		AIRCRAI	k.T.	MARYLAND	1 4 4 4 9	U.S.A.
3. FATHER'S NA	WE			14. MOTHER'S MAIDEN N	AME	
CLAREI	NCE H. R. MY	YERS. SR		PAULINE A.	CONNER	
5. Was Decease	d Ever in U. S. Armed Ford	es? 16.	SOCIAL	17. INFORMANT	- OUTHER	ADDRESS
			SECURITY NO.			HAGERSTOWN, MD.
YES	W.W.II	2	14-09-7585	MRS. HAZEL MY	ERS 27 E. I	RWIN AVE.
18.4 2	2./1		CAUSE	OF DEATH		ONSET AND DEAT
DISEA	SE OR CONDITION DIR	ECTLY				
	LEADING TO DEATH		(A) P	JLMONARY EMB	OLI	1 WEEK
	nat meon the made of , asthenia, etc. It means		DUE TO			
injury ar co.	mplication which coused		T	HROMBOPHLEBI	TIS	1 WEEK
injury ar co			(B)	HROMBOPHLEBI	TIS	1 WEEK
3 16	ANTECEDENT CAUSES	deoth.)	(B)	பத்ததான குகை க்கதாக வற்றி குறைத்ததாகு ஒரு முழுவதான வாய் வரு முழுக்க கை கடிக்குறிறிற்கின் வி. வரம் க	சனைக் பட கணக்கள் கிக்கினர் அவர் அவர் இவறுக்கு கடல இந்து இதிக்கின்றன. இது மால் கிகிக்கள்	
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DEC 15 VS 150-REV. 1/1/6S

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P. P. B. E. Falling

- HAGERSTOWN, MARYLAND

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IMPORTANT DIRECTOR: FUNERAL

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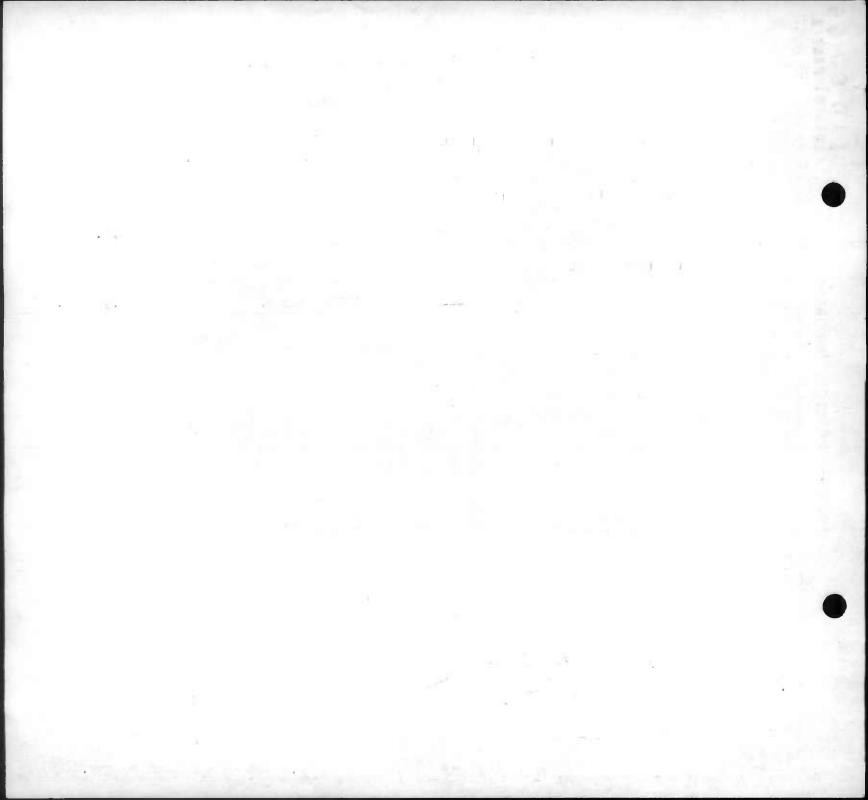
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aminer.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys 12. CITIZEN OF WHAT COUNTRY? U.S. 0 or final (Yes, na ar unknown) (If yes, give wor ar dates of service) SECURITY NO. attendance William Lorber - 3913 Second St. Balto. 25 No CAUSE OF DEATH pronounced 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med Acute renal and hepatic failure LEADING TO DEATH (This does not mean the made of dying, e.g., empa heart foilure, asthenia, etc. It means the disease, Uar injury or complication which caused death.) ANTECEDENT CAUSES regi ¥ ho GLO DISEASES OR CONDITIONS, if ony, giving to the abave couse (A) stating the physician UNDERLYING CONDITION lost obtained before the remains MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CALLES OF DEATH? 19A. DATE OF OPERATION the WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, lactory, street, office bldg., INJURY OCCUR? Baltimare City, give exact lacation) where °Z MEDICAL DEATH (natify medical examiner) etc.) 21 D. TIME (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Manth) (Day) (Year) 9 OF INJURY Not While (except While At (APPROX.) At Wark and Wark 12.8 10 05 22. I certify that (I) (this hospital) attended the deceased from 65 12.8 19 that (1) (we) last sow the deceased alive on.... pe ond that in(my) (aur) opinion deoth occurred on the date hospital death) ond hour and from the causes stated above. (!) (We) (did) (did not) view the body after death. must 23A. SIGNATUI 23B. DATE SIGNED 128 65 Attending Stoff M.D. Med. 0 written approval Phys. Director Phys. 0 prior 23C. PHI SICIAN'S 23D. ADDRESS at NAME (Type) Herman Secretal Johns M.D. A deceased 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) D.O. REMOVAL (Specily) Burial 12-13-1965 Holy Redeemer Cemetery Baltimore, Maryland Mas 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS George J. Wonde- 4001 Ritchie Hgwy. 5 VS 150-REV. 1/1/65



D.O.A.

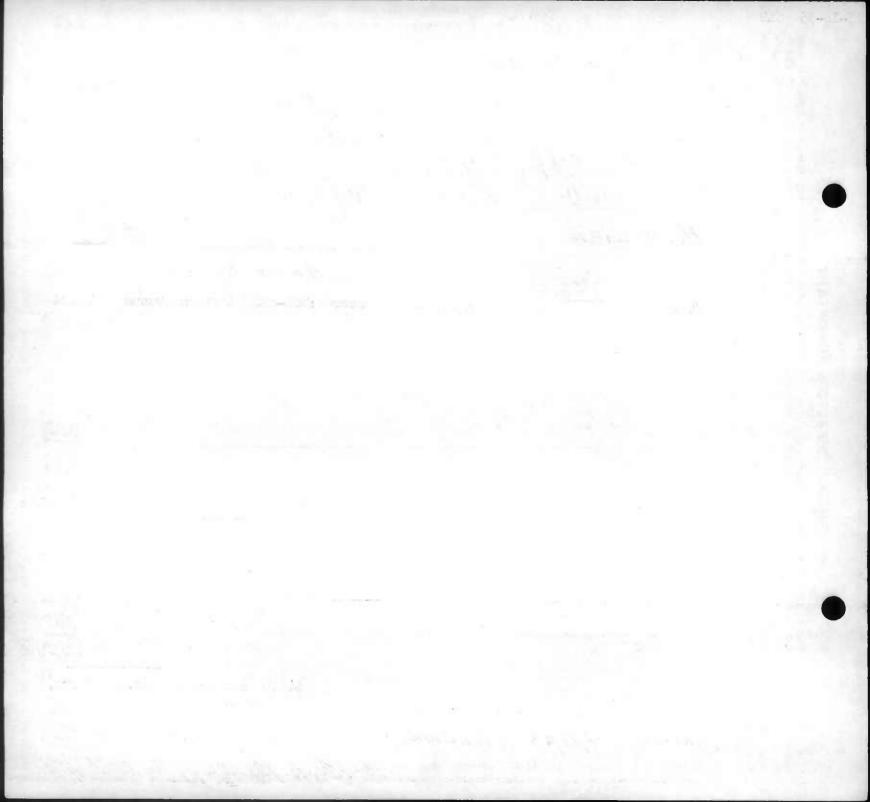
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BALTIMORE CITY HEALTH DEPARTMENT 65 12744 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Madeline Bayha 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission 21222 B. COUNTY FULL NAME OF (If not in hospito) or institution, give street LAN (If outside city limits, write RURAL only HOSPITAL OR oddress or location) C. CITY OR TOWN give township D. STREET ADDRESS rurol, give loggion II Under 1 Yr. II Un Doys Hours 7. MARRIED, NEVER MARRIED B. DATE OF/BIRTH 9. AGE (In years II Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy FEMAL 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? done during most of working life, even if retired OHTO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 21224 Records: BCH-4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., heart foilure, osthenio, etc. It means the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) staling the UNDERLYING CONDITION lost ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED Yés 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING _ CAUSE OF U City, give exact locotion) Boltimore DEATH (notily medico) exominer etc.) MEDIC 21D. TIME (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 19 that (1) ((we) last saw the deceased alive an and that in (my) (aur) apinlan death occurred an the date and hour and fram the causes stated above, (1) (We) (did) (did nat) yiew the body after death. 238 DATE SIGNED 12/12/65 23A. SIGNATURE M.D. Attending Med. Phys. Director written approval 23C. PHYSICIAN'S 23D. ADDRESS Eastern Avenue, Baltimore, 4940 NAME Hype M.D. Maryland 61 24A. BURIAL CREMATION, 24 B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) TONEMEN DEC 15 1965 ADDRESS 25C. FUNERAL DIRECTOR TO VS 150-REV. 1/1/65

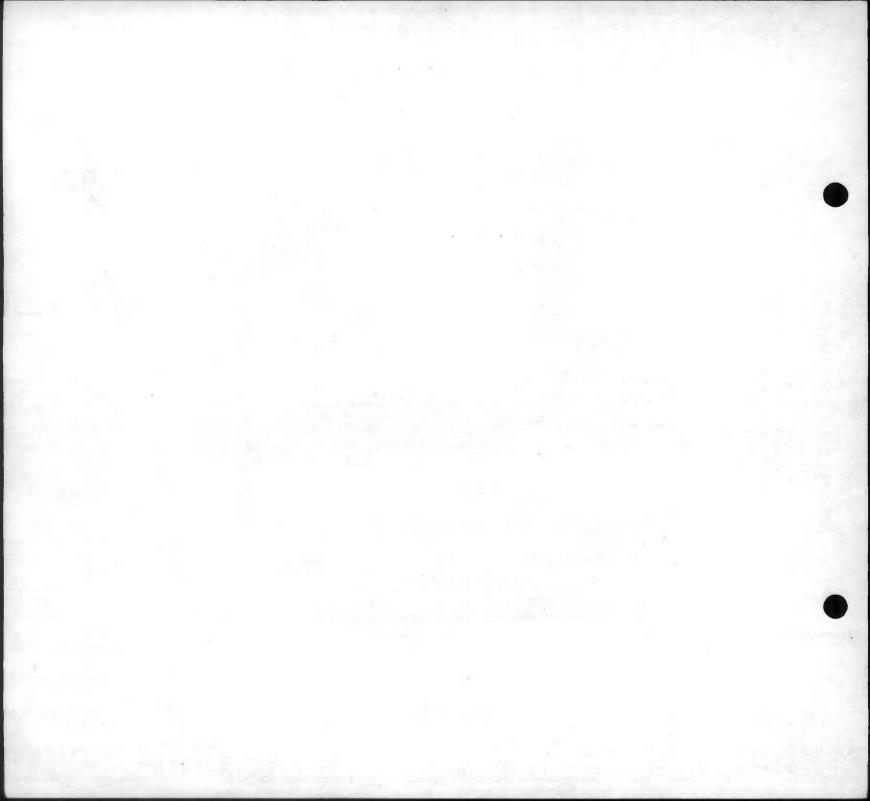


IMPORTANT

FUNERAL DIRECTOR:

BAL	TIMORE	CITY	HEALTH	DEPARTM	EN'

	H NO. 65 12745 CERTIFICA	TE OF DEATH Registered No.	5 12745
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	
Пур	e or Print) HEROLD, Joseph F. Sr.	12-12-45 [4. USUAL RESIDENCE (Where deceased lived. If institu	6:00 PM
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institu	tion: residence before admission)
	ULL NAME OF (If not in hospital or institution, give street	md	6-12
-	IOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write KURA	AL and give township)
4	STITUTION	BALTIMORE	
	· · · · · · · · · · · · · · · · · · ·	D. STREET ADDRESS (If rural, give location)	
C	HURCH HOME & HOSPITAL	5200 NUTH AVE.	
5. S	EX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If	Under 1 Yr. , If Under 24 Hrs.
	M WIDOWED, DIVORCED (specify) MARRIED	No V. 9, 1905 60	onths Days Hours Min.
104	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF
-	during most of working life, even if retired)	Baltimore	WHAT COUNTRY?
	ard Master Pa. R. R.	Md.	
13.		14. MOTHER'S MAIDEN NAME Havlik	
	FRANK HEROLD	SOPHIE HAULIK	
15. \ (Yes	Nos Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17 INFORMANT	ADDRESS
	SECURIT NO.	Louise Florence Thomas Herold, wife	above
-	18. 4/2 A L CAUSE O		
	DISEASE OR CONDITION DIRECTLY VEN	TRICULAR FIBRILLATION	ONSET AND DEATH
	LEADING TO DEATH	d SHOCK	minutes
	(This does not mean the made of dying, e.g., DUE TO		
	heart failure, asthenio, etc. 11 means the disease, injury ar complication which caused death.)		
	ANTECEDENT CAUSES (B) EX I	ENSIVE MYOCARDIAL	HOURS
	DISEASES OR CONDITIONS, il any, giving	NTARCTION '	
	rise la lhe abave cause (A) sloting the (C) AR	TERIOSCLEFOTIO DIOVASCULAR DISERSE	HOURS
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TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
CAT	DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FIND	
TIF	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES	
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	a or obsert 23 C WHERE DID (If in Religious Cit	ly, give exact location)
AL (OR CONTRIBUTING CAUSE OF home, form, factory, street, a	ffice bldg., INJURY OCCUR?	y, give exact location/
U	DEATH (notify medical examiner) etc.)		
(ED	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
>	(APPROX.) While At Work At Work	e	
	22. I certify that (1) (this hospital) attended the deceosed from	12-12 1965 10 12	-12 10 65
	that (1) (we) lost sow the deceased alive on 12-12	P	
1			deoth occurred on the dot
	ond hour and from the couses stated above. (1) (We) (did) (did not)		
	23A. SIGNATURE		B, DATE SIGNED
	Ephraim B. Barzag M.D. AH. Phy 23 C PHYSICIAN'S	ending Med. Stoff Stoff Phys.	12-12-65
	23 C PHYSICIAN'S NAME (Type)	23 D. ADDRESS	
		CHURCH HOME & HOSE	PALTO-31.M
24A	Ephraim B- BARZAGA M.D. BURIAN CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, to	own, or county) (State)
	REMOVAL (Specify)		
25A	Burial 12/16/65 Holy Redeemer Ce		ADDRESS
100		Schimunek Funeral Home, In	C.
	DEC 15 1965 R.O. A 2 2 To a. C.	3331 Prelims Lane	
VS.	50-REV. 1/1/65		



24D, LOCATION

Schimunek Funeral Home, Inc.

2601-03-05 Er Madison Street

Baltimore. Md.

(City, tawn, or county)

ADDRESS

24C, NAME of CEMETERY OF CREMATORY

258. NAME OF REGISTRAR

Gardens of Faith Cemetery

BIRTH NO. of death Deceased and no death. ance Undetermined cause: (5) contributing cause attend prior regular 5. SEX eased no MOS the LO death kind; attendance pronounced 0 embalmed 70 regul ho are 4 FUNERAL DIRE physician the remains Was medical hysician 2 to the hospital °Z any nature; 9 approved (except and eath) o hospital the body was released must accident 0 0 approval 0 prior certificate to An D.O.A. deceased written ap shows: (1) 24A. BURIAL CREMATION, 24B. DATE Mas

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REMOVAL (Specify)

Burial

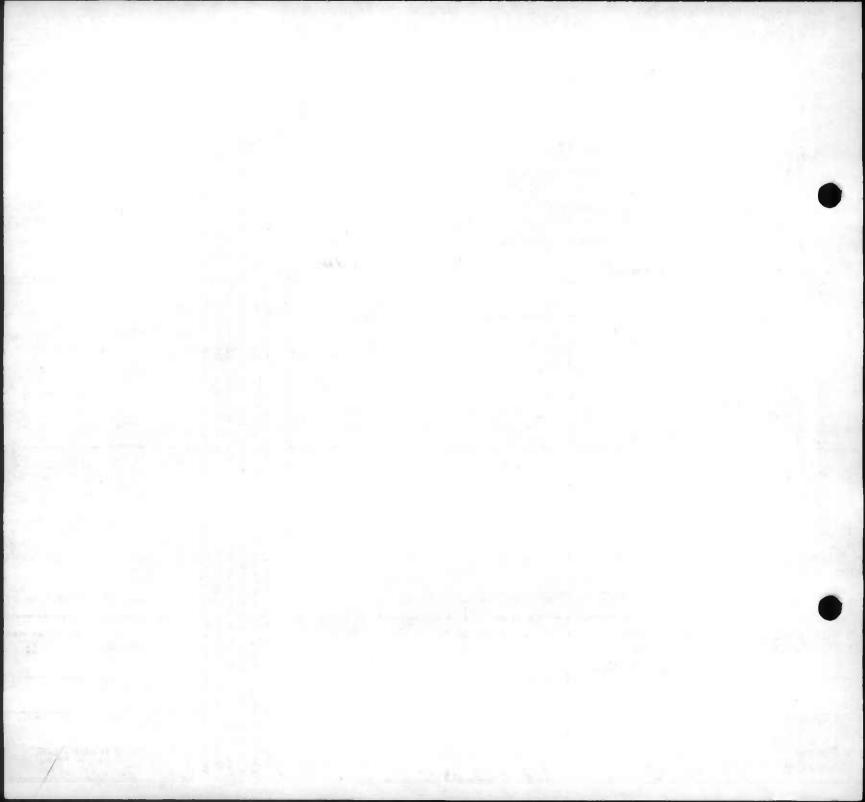
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	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occur	y the chief medical examiner	or his assistant if death occur
the body was released to the hospital by a medical examiner. Also, it the direct or contrib	ital by a medical examiner.	Also, if the direct or contrib
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine	e; (2) Body burns; (3) A fractur	e of any kind; (4) Undetermin
was D.O.A. at a hospital (except where the physician who pronounced death was in regulc	where the physician who pro-	nounced death was in regule
deceased prior to death); and (6) No physician was in regular attendance on the deceased	No physician was in regular	attendance on the deceased
written approval must be obtained before the remains are embalmed or final disposition is mad	before the remains are embal	med or final disposition is ma

MIDOWED,	ve street	DEC. 1 4. USUAL RESIDENCE (Where A. STATE B. COUNT MARYLAND C. CITY OR TOWN (If outs)	HOUR OF DEATH	5 12747 S.P. stitution: lesidence before admis-
FULL NAME OF HOSPITAL OR INSTITUTION WE MORE IAL G. RACE 7. MARRIED, N. WIDOWED,	ive street	DEC. 1 4. USUAL RESIDENCE (Where A. STATE B. COUNT MARYLAND C. CITY OR TOWN (If outs)	deceased lived. If ins	stitution: residence before odmis
FULL NAME OF (If not in hospital or institution, groddress or location) White Memorial Hospital or institution, groddress or location) White Memorial Hospital or institution, groddress or location) White Memorial Hospital Hospital or institution, groddress or location)	ive street	MARYLAND C. CITY OR TOWN (If outs)	deceosed lived. If in:	stitution: residence before odmis
HOSPITAL OR INSTITUTION oddress or location) WION MEMORIAL HO S. SEX 6. RACE 7. MARRIED, N WIDOWED,				A
VNION MEMORIAL HE A 6. RACE 7. MARRIED, N WIDOWED,				15-10
5. SEX 6. RACE 7. MARRIED, N WIDOWED,	2507	Palmen	ide city limits, write R	(RAL and give township)
5. SEX 6. RACE 7. MARRIED, N WIDOWED,	3/3/	Baltimore D. STREET ADDRESS (If to	orol, give location)	
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1401 - 11/1.15	, DIVORCED (specify)	a. Id	AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours M
MQLE WHITE MQR 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF I	BUSINESS OR INDUSTRY 11	7-16-1901	64	12. CITIZEN OF
done during most of working life, even if retired)	- MFG. Co.	BOLTO. MI		WHAT COUNTRY?
SALESMAN IAINT 13. FATHERS NAME		4. MOTHER'S MAIDEN NAM		0.7.4.
BENJAMIN		ldA		
		7. INFORMANT		ADDRESS
(IT es, no of unknown) (If yes, give wor or dotes of service)	SECURITY NO.	PERTRUCIE BLU	m	SAME
18. 4/20./1	CAUSE OF I		- 0	INTERVAL BETWEEN
DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (nutify medical examiner)	PLACE OF INJURY (e.g., in o e, form, foctory, street, office	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, I	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
Work	k L At Work			1) 6.
22. I certify that (1) (this haspital) attended the that (1) (we) lost saw the deceased alive on	1 (7)		5 (mv) (que) only	nion death occurred on th
ond hour and from the causes stated above. (I)			(, (doi:/ opii	deoin occorred on th
23A, SIGNATURE	h /	, 31101 0001111		23B. DATE SIGNED
In I mil	M.D. Attend	ding Med. S	Stoff Phys.	
23C. PHYSICIAN'S NAME (Type)	M.D.	D. ADDRESS	reln	se and
24A. BURIAL CREMATION, 24B. DATE 24C. NAP	ME of CEMETERY of CREM	~	CATION 19	
BURIAL 12/13/1965 1	Mt. CREMEL		RLTO	mi
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	F REGISTRAR	25C. FUNERAL DIRECTOR	. 1	ADDRESS
DEC 15 1965 P. O. A.O. 201	4 6 0	SYLUANS LESUIS	TSON, INC.	3319 OLYMPIA A



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

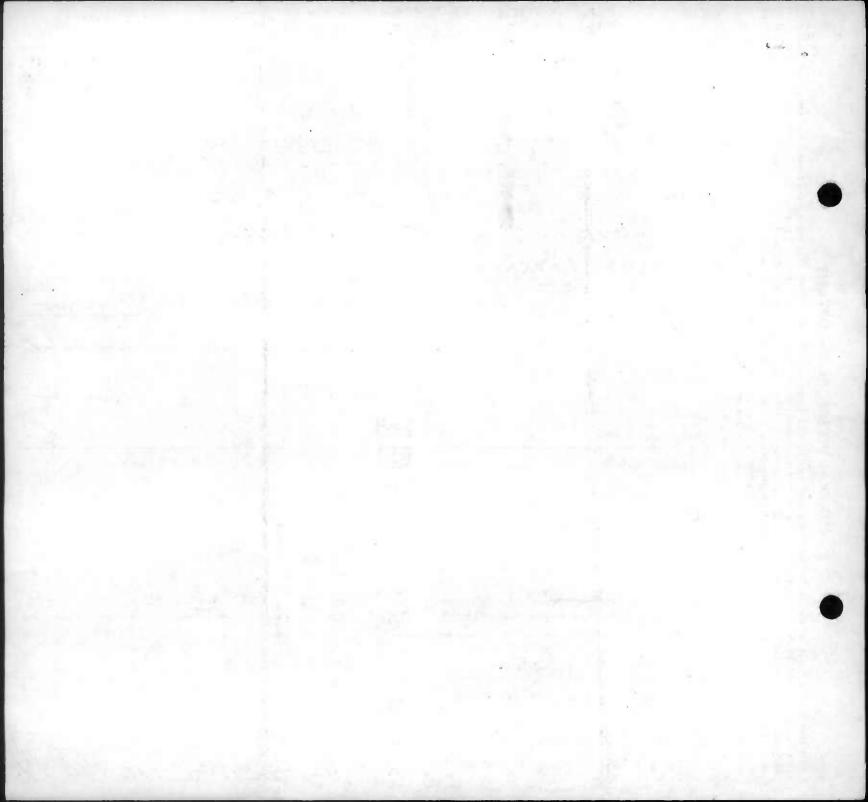
11.95	Pe or Print)	TTTT 1	ウカナノア		- 11-65	6.23
3. F	PLACE OF DEATH IN BALTIMON	RE, MARYLAND	KILE	4. USUAL RESIDENCE (Whe	ere deceased lived, ff in	stitution: residence before g
F		ospital or institution location)	, give street	Maryland C. CITY OR TOWN (IF OU Baltimore	7	RURAL and give township
	/			3616 916	81. Brook	yn S
5. S	SEX 6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH 9-21-81	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months: Doys Hours
	VUSUAL OCCUPATION (Give kind the during most of, working life, even if the state of		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME	Shan	6	14. MOTHER'S MAIDEN NA	me ach 's	
15. Yes	Was Deceased Ever in U. S. Ams, s, no or unknown) (If yes, give wor	med Forces? or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	5	ADDRESS
	18. 260 X I		CAUSE O			INTERVAL BETWI
	DISEASE OR CONDITION LEADING TO D	EATH	1 Or	lerio oclerona conculor D Daobella	i Cardis-	13 yea
	(This does not mean the ma heart failure, asthenio, etc. It	meons the diseas	e, DUE TO	Cosculor D	escase	
	injury or camplication which			1 0 0- 1	11 01 1-	13 400
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	DISEASES OR CONDITIONS	S, if any, givin	g	_ solely !	neeuve	
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	DISEASES OR CONDITIONS	S, if any, givin a (A) slaling th	g	Charles !	nemus	70 Jen
TION	DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	S, if any, giving the asl. ONS CONTRIBUTIIT RELATED TO T	g (C)	Charles !	neu w	
RTIFICATION	DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to 11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 19A. DATE OF OPERATION [19]	S, if any, giving (A) stating the ast. ONS CONTRIBUTION TO THE ASTRONOMY	g (C)	20A. AUTOPSY? (Yes or No		7 day
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CAL CERTIFICATI	DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to 11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 179A-DATE OF OPERATION 191 21 A. ACCIDENT WAS UNDERL' OR CONTRIBUTING CAUSE CO DEATH (notify medical examinet)	S, if any, giving (A) stating the ast. ONS CONTRIBUTING TRELATED TO TO SING IT. B. CONDITION FOR AS PERFORMED YING OF (Year) (Hour) 21	MG THE WHICH OPERATION I.B. PLACE OF INJURY(e.g., in the property of the pro	in or obout 21C. WHERE DID fiffice bidg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	T Day
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MEDICAL CERTIFICATI	DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION IS OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 191 OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OF INJURY (APPROX.)	S, if any, giving (A) stating the ast. ONS CONTRIBUTION TO THE ASTRONOMY TO THE ASTRONOMY CONTRIBUTION FOR AS PERFORMED 21 (Year) (Hour) 21 (Year) (Hour) 21 (Year) (Hour) 21	NG (C)	20 A. AUTOPSY? (Yes or Not all and a second state of the second st	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? City, give exact locokon)
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19 10-6 Assumed Street Acres down 200 E Showing the Chand the

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		65 1274	19 BALTIMOR	E CITY HEALT	H DEPARTMENT		05 40840
	TH NO. E. CASE NO.	60 TC.	A. CERTIF	ICATE C	OF DEATH	Registered No	65 12749
1. N	Pint)	BarNEY	BRICKE	V	2. DATE AN	Vac. 11,	65 chut 1:30 P.M.
3.	PLACE OF DEATH I	N BALTIMORE, MARYLA	ND	4. USU A. SIA			stitution: rosidence boforo admission)
	FULL NAME OF	(If not in hospital or ins	stitution, give street	1	Taylan	e le	7-38
	HOSPITAL OR	oddress or location)	Hontal	c. cit	OR TOWN (IF OU	tside city limits, write R	URAL and give townstlip)
1	a d	utkeran	Hospital	D. STR	EET ADDRESS (IL	wrol, give location)	
9				3	513 FC	risvew	ane.
5. 9	nale 6. R		MARRIED, NEVER MARRIED VIDOWED, DIVORCED (spec	ify) B. DATE	OF BIRTH 14/1892	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	USUAL OCCUPAT	ION (Give kind of work 10B.	KIND OF BUSINESS OR IND	USTRY 11. BIRT	HPLACE Sole or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
0011	Re	loved 1	mfa. Clots	ting	Kussi	ia	915A
13.	FATHERS NAME	·	1	14. MO	THERS MAIDEN NA	ME	
	Dav	rd Du	cken		Henda		
		in U. S. Armod Forces? es, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.		DRMANT B.		ADDRESS Cane
	no		102-07-79	83 Sal	rah Ish	cken - 33	13 Fairveer
	18. 420.	/ 1		USE OF DEAT			INTERVAL BETWEEN ONSET AND DEATH
		R CONDITION DIRECT	LY	a-to	Cormany	Occlusion	n about 1/4 hr
	(This does not m	neon the made of dyin	ig, e.g., DUE	TO	J	c CVD.	**************************************
	heart failure, asth	years					
	ANTE	CEDENT CAUSES	(B)	10		•	
		CONDITIONS, if ony, bave cause (A) state	at a second				
	UNDERLYING CO		ing the (C)			ස සංඛ සංඛ ස ස ස ස ස ස ස ස ස ස ස ස ස ස ස	. *************************************
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ATION	TO THE DEATH	NT CONDITIONS CONT					
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CERTIFIC	0	WAS PERFORM	NED		no	IN CERTIFYING CAL	JSES OF DEATH?
CAL CE	21A. ACCIDENT WOR CONTRIBUTING		218. PLACE OF INJURY home, loim, foctory, st			(If in Boltimore	City, give exect locotion)
EDI	21D. TIME (Mo	onth) (Doy) (Year) (Ha	21E, INJURY OCCURR	ED	21 F. HOW DID INJ	URY OCCUR?	
S	(APPROX.)			t While			
	22. 1 certify that	(1) (this hospital) ott	ended the deceased from	al	mt	1950 to	Dec 11 1965.
	that (I) (wa) lost	saw the deceased ol	ive on albut	nov 301	65 and th	at in (my) (mr) aplr	nian death occurred on the date
	ond haur and fra	m the couses stated o	bove. (I) (We)-(did) (did	not) view the	body ofter death.		
	23A. SIGNATURE	· Highest	tem M.	Attending Z	Med.	Stoff Phys.	238. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	HIGHSTE	N MD.	M.D. 23D. ADI	ORESS	Lombord	St.
24/	REMOVAL (Specif		24C. NAME of CEMETERY	or CREMATOR	24D. K	PCATION (C)	y, town, or county) (Stote)
0	Junal	Dec 12/65	Harseo	n	14	redale	Md
25/	A. DATE REC'D BY	HEALTH DEPT. 258.	HAME OF REGISTRAR	O 25C	FUNERAL DIRECTOR	a dur	ADDRESS
	DEC 19	LAGA ALVENIA	The state of the s	06	reunson	1 dets -	-6010 Rest of
VS	150-REV. 1/1/65	Mr.	7 0 2 0				



	65	12750		BALTIMORE CITY HEAL					05 4975
BI	RTH NO.	MED	ICAL EX	CAMINER'S CI	ERTIFICA1	E OF D	EATH Register	red Na	65 1275
1	E CASE NO.								
1. (T	NAME OF DE	CEASED					HOUR PRONOUNCE	D DEAD	
3.	PLACE IN BAL	MY Les ANDER		INCED DEAD	4. USUAL RESID	ENCE (Whole d	12, 1965 leceosed lived If insti	tution: resii	dence before odmission
FI	ILL NAME OF	/IE NOT IN HOSPIT	ITITZUL AO LA	ITION, GIVE STREET	Marylan				14-
ZH	STITUTION	ADDRESS OR LOCA	TION)	THOM, GIVE STREET	Baltimo		corporate limits, write	RURAL of	nd givě township)
	Provid	ent Hospital			D. STREET ADDITION 1532 Me	ount Roy			
5.	sex Male	6. RACE		NEVER MARRIED DIVORCED (specify)	1/15/4		9. AGE (In years lost birthdoy)	If Under Months	1 Yr. If Under 24 His Doys Hours Min.
10	A. USUAL OCC	UPATION (Give kind of wor	KTOB KIND OF	BUSINESS OR INDUSTRY				12. CITIZ	
do	ne during most of	working life, even if retired)			Missi	ssippi		U.S	T COUNTRY?
13.	FATHER'S NAM	ΛE			14. MOTHER'S M			10.0	-
	Ton	mie Anders	on		Rachae	l Clin	ton		
		DEVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	5
1	es, no or unknown	yes, give wor or dore	s of selvice	428-74-408	B Jos e	ph And	erson 253	3 Em	erson St.
		SE OR CONDITION DI LEADING TO DEATH	1		OF DEATH	whe	est involvi		INTERVAL BETWEEN ONSET AND DEATH
	heort foilure injury or co	, osthenio, etc. It meons	the disease, death.)	106 38	AORTA A	ND LUNG	•		
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Z				(C)					**************************************
CEPTIEICATION	OTHER SIG	II NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T	NG HE		***********			
CED	19A. DATE OF	OPERATION 198, CON WAS PER	FORMED		Yes		N CERTIFYING CAUS	ES OF DE	YES
FDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. home	PLACE OF INJURY (e.g., fame factory, street, c	in or obout 21C. Wiffice bldg. INJURY	HERE DID (1) OCCUR? enwillo	f in Boltimore City, giv rw and Penns	ylvan	ocotion) nia Ave.
	OF INJURY (APPROX.)	(Month) (Doy) (Yeo		VHILE AT NOT AT W	WHILE TE She	ot by fr			
	22.	tify that I held an I	ngulry 🗌			120	basis, death in m		n
	resu	Ited fram: Natural ca	uses A	suicident Suicid			ndetermined manne	er	
	ACTUA		in a	1-6	CHIEF MI	EDICAL EXA			DATE SIGNED

EXAMINER'S NAME (Type) Werner U. Spitz, M.D.

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

Dec. 12, 1965

(Stote)

(City, town, or county)

23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 12/19/65 Burial

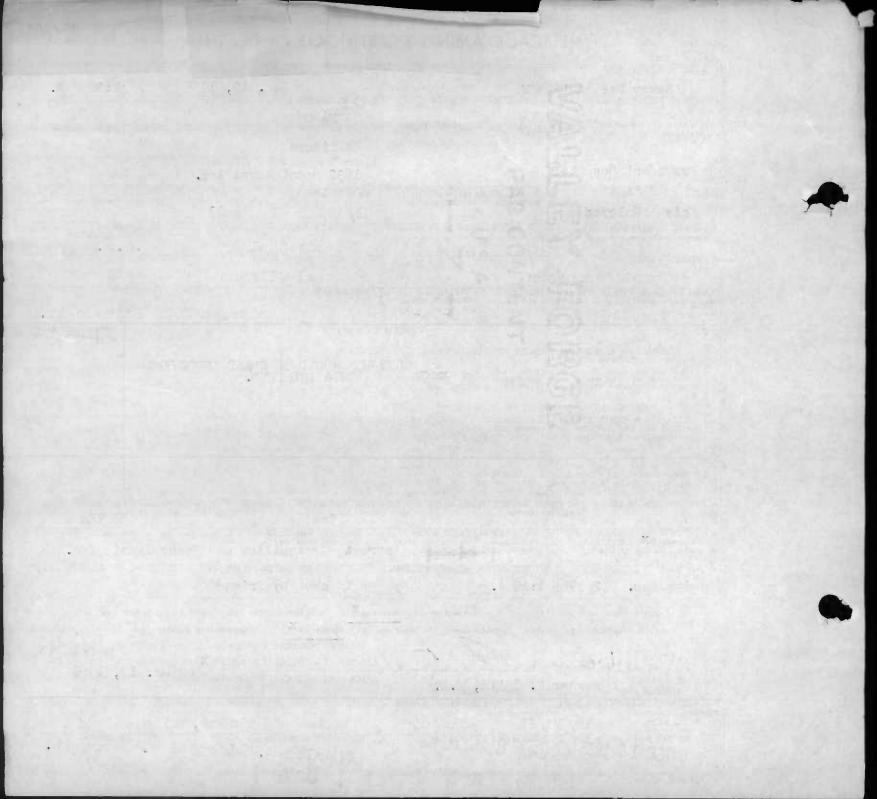
Belzoni

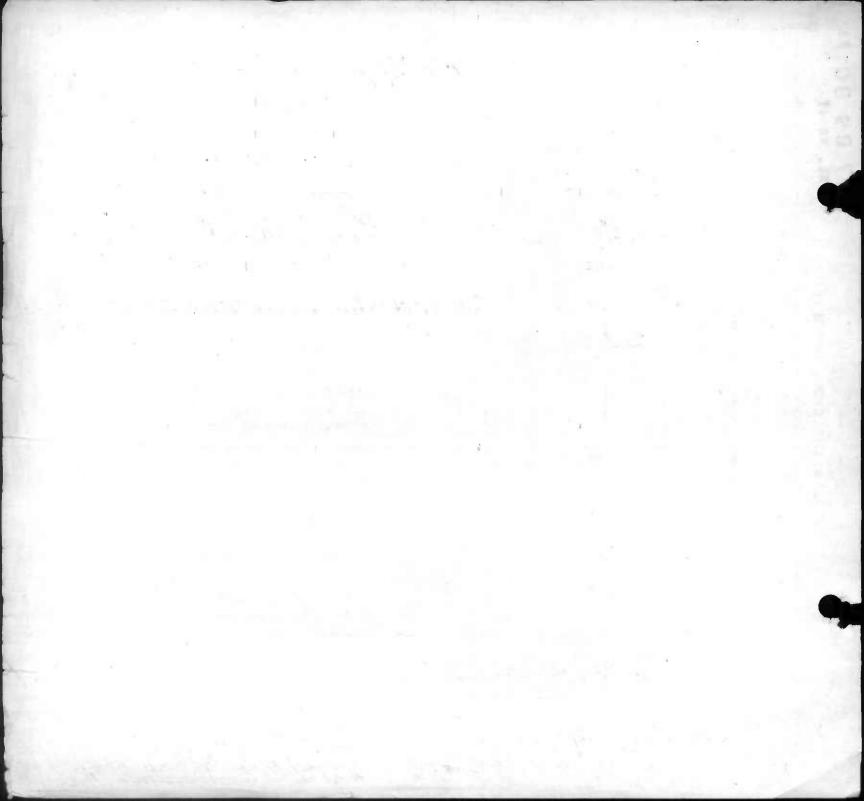
23C. NAME of CEMETERY or CREMATORY

DEC 15 1985 P. 248, NAME OF RECISTRAR

Belzoni, Mississippi
Charles A. Rice 661 W. Barre St. 24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65





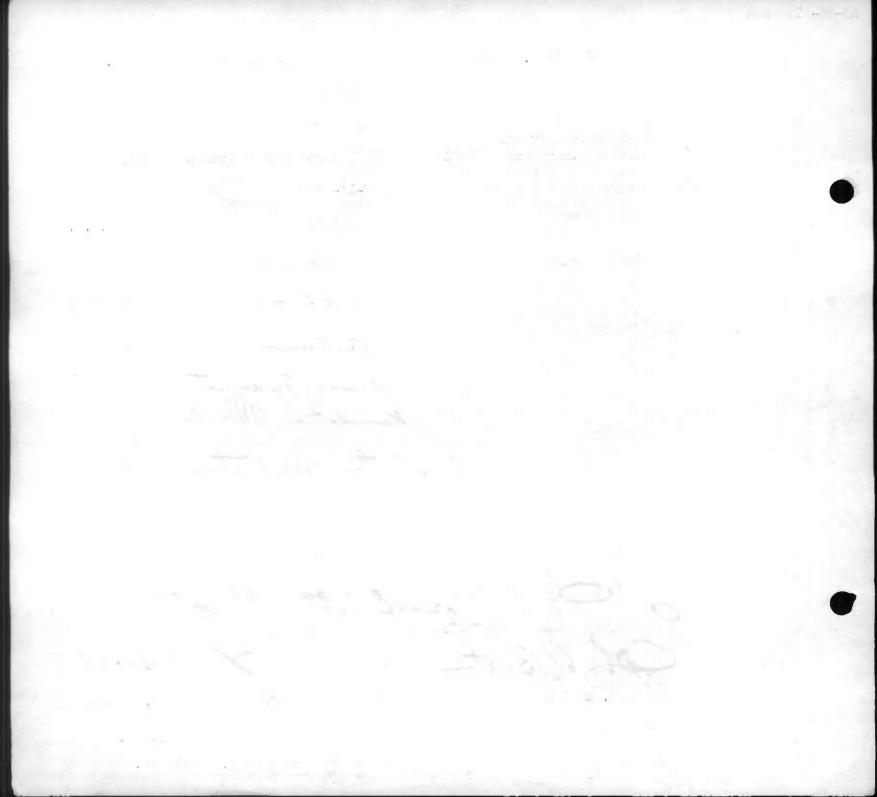
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BALTIMORE CITY HEALTH DEPARTMENT

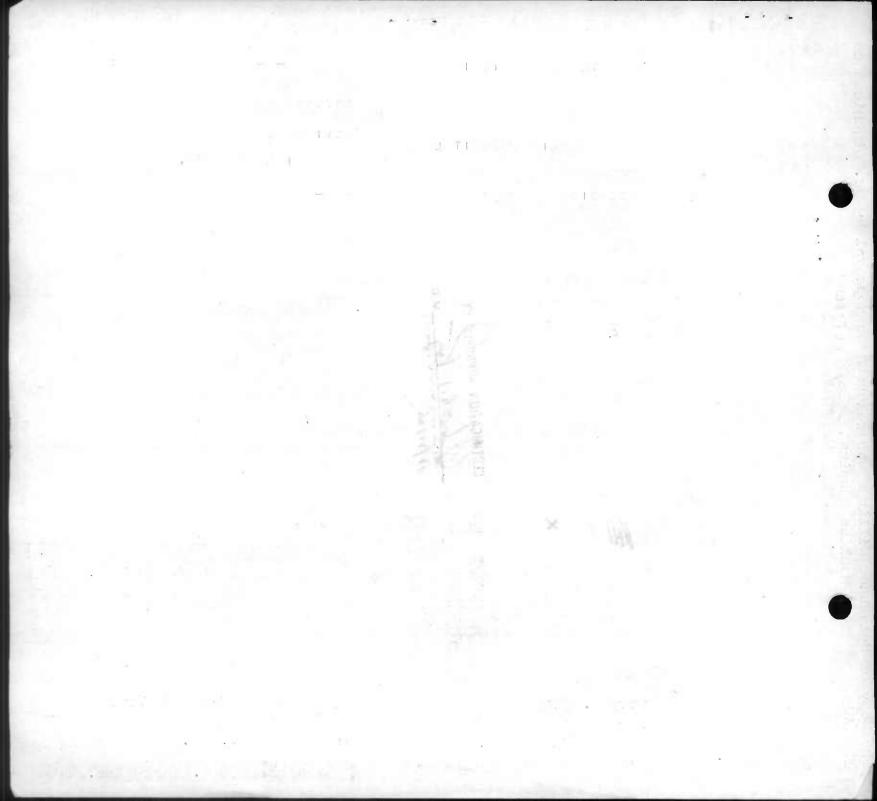
CERTIFICATE OF D

Registered No. 65 12752

M.E. CASE NO. 1. NAME OF DEC (Type or Print)		B. Jones		12-12-1965	12.20 A
	ATH IN BALTIMORE, MAR		4. USUAL RESID	DENCE (Where deceased lived, If	institution: residence before odmissio
FULL NAME OF HOSPITAL OR	oddress or location Baltimore Cit		C. CITY OR TO	WN (II outside city limits, write	RURAL ond give township)
1	4940 Eastern		D. STREET ADD		
	Baltimore, Mar	yland 21224	1221 Nor	th Decker Avenue	21224
sex Female	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WICOW	7-18-18	lost highday)	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
	UPATION (Give kind of work working lile, even il retired)	10B. KIND OF BUSINESS OR INDUSTR	Virgini		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA			14. MOTHER'S A	MAIDEN NAME	
	Herny Seward		Susi	e Seward	
Wos Deceased	Ever in U. S. Armed Ford	es? of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Records	:BCH-4940 Eastern	Avenue 21224
DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DISEASE OR	LEADING TO DEATH not mean the mode of asthenio, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, it of e obove cause (A) G CONDITION last. II IFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT COPERATION 1988. CONI WAS PERF	ONTRIBUTING CED TO THE COLOR	Let	The Wilmoh Y? (Yes or No) 208. IF YES, WERE IN CERTIFYING C	I pear
OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF medicol exominer)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. W	HERE DID (If in Boltimo	ore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED While At Not Work Work At Work	nile	OW DID INJURY OCCUR?	
that (I) (we)	last saw the decease	attended the deceased fram	2 1965	and that in (my) (our) ap	inlan death accurred an the de
23A. SIGNATU		ed abave. (1) (We) (did) (did not)	Hending ~ N	fter death.	23 B. DATE SIGNED
23C. PHYSICIA	John R. Burton	1 M.D	23D. ADDRESS 4940 East	tern Avenue, Baltin	more Maryland
	MATION, 248, DATE	24C. NAME of CEMETERY or C	REMATORY		City, town, or county) (State)
		258. NAME OF REGISTRAR	25C. FUNERA		ADDRESS



A. STA M. C. CIT B. D. STR D. STR D. STR 1 EVER MARRIED DIVORCED (specify) 1 USINESS OR INDUSTRY 11. BIR	2. DATE AN 12-8- UAL RESIDENCE (When the B. COUN ARYLAND TY OR TOWN (If out BALT I MORE REET ADDRESS (If 220 NEIGHI	e decessed lived. If in: TY Iside city limits, write R	Bult RURAL and give tow	before odmission)
A. USL A. STA M C. CIT B D. STR 1 DIVORCED (specify) 1 B. DATE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DALT I MORE, REET ADDRESS (#1 220 NEIGHI	e deceosed lived. If in: TY (side city limits, write R rurol, give locotion) BORS AVE.	Stitution: residence to	before odmission)
A. STA M. C. CIT B. D. STR D. STR D. STR 1 EVER MARRIED DIVORCED (specify) 1 USINESS OR INDUSTRY 11. BIR	ATE B. COUNTY OR TOWN (IF OUT OR TOWN (IF OUT OR TOWN) (IF OUT	rurol, give location) BORS AVE.	Bult RURAL and give tow	
BD. STR 1 IEVER MARRIED DIVORCED (specify) 1 USINESS OR INDUSTRY 11. BIR	REET ADDRESS (H 220 NEIGHI e of Birth	rurol, give location) BORS AVE.	53 00	7
IEVER MARRIED DIVORCED (specify) 10 USINESS OR INDUSTRY 11. BIR	1-30-17	9. AGE (in years	If Under 1 Yr. Months: Doys : H	
DIVORCED (specify) 10 USINESS OR INDUSTRY 11. BIR	1-30-17	9. AGE (In years lost birthdoy)	Months Doys H	17 11 1 6 1 11
				If Under 24 Hrs. Hours Min.
No	orth Caroli		12, CITIZEN OF WHAT COUN	NTRY?
14. MC	OTHER'S MAIDEN NAM	ME		
	FORMANT		ADDRES	S
		Martin	INTERVA	DETWEEN
THE STATE OF DEAT	111			ND DEATH
3/ In Price	eumonia		600	aux
3 3				
8 7 ⁵	A ALITORCY2 (Voc. or No.	2AD IE VEC MARRE	ENDINGS CONSID	ERED
surus loss	YES	IN CERTIFYING CAL	USES OF DEATH?	
<u> </u>	adde	els ofor	4 5	-00
		lesp & le	ghko ei	gorethe
	83	1117	2-8	1965
m m		ot in (my) (our) opin	nion deoth occur	red on the dote
(We) (did) (did not) view the	e body ofter death.			
M.D. Altending	Med.	Stoff N		
Phys.	Director	Phys.	1.51.810	
M.D. T	The Johns	Hopkins Ho	spital	
		ella .	CD-4	(Stote)
Auburn Cemete	ry Bal	Lto., Md.		113
REGISTRAR 25C	C. FUNERAL DIRECTOR		ADD	RESS
W	m Warch	928 E. N	orth Ave	
	6. SOCIAL SECURITO NO. Mr. AUSE OF DEAD PROPERTIES TO SECURITO NO. Mr. AUSE OF DEAD PROPERTIES TO SECURITY OF CALL OF THE PROPERTIES OF TH	Unknown 6. SOCIAL SECURITONO. Wr. William Premuma AUSE OF DEATH Premuma Premum	Unknown 17. INFORMANT SECURITONO. Mr. William Martin Premuna P	6. SOCIAL SECURITONO. Mr. William Martin INTERVAL ONSET A ONSET



written approval must be obtained be

VS 150-REV. 1/1/65

DEPT.

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a hospital

occurred in

		65	16/04	Y HEALTH DEPARTMENT	Registered No.	10751
MRTH NO			CERTIFICA	ATE OF DEATH	Registered No.	10101
.NAME	OF DECEAS	ED		2. DATE ANI	D HOUR OF DEATH	
Type or F	Print) PTGG	. Curtis Le	e. Sr.	Decem	ber 14, 1965	9:00 A
. PLACE	OF DEATH	IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institu	rtion: residence before admission
	NAME OF TAL OR	(If nat in hospital oddress or location	or institution, give street	Maryland C. CITY OR TOWN (If outs	Ah 710, side city limits, write RUR	AL and give township)
		dministrati	on Hospital	Reisterstown		53-00
3900	Loch	Raven Boule	evard	D. STREET ADDRESS (If r	ural, give location)	
-		. Maryland	_	133 Westminist	er Road	
. sex Mal	6. F	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married			Under 1 Yr. If Under 24 Hr. onths Doys Hours Min.
óA. USU / one durin	AL OCCUPA	ing life, even if retired)	Construction	Pageland, S.C.		2. CITIZEN OF WHAT COUNTRY? U.S.A.
	ER'S NAME	18 001	00113 01 40 02 011	14. MOTHER'S MAIDEN NAM		
	y Pigg			Mayme Watts		
5. Was E Yes, no or Yes	runknown) (If	r in U. S. Armed For yes, give wor or date /22/42-7/2	es of service) SECURITY NO.	VA Hospital Re		och Raven Blvd.
1B.	162	/ 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
1		OR CONDITION DI	Ms	assive Pulmonary	Hemorrhage	5 minutes
hear	does not I failure, ast	meon the mode of henia, etc. It means olion which caused	dying, e.g., DUE TO the disease, death.)		80 = 8 = 0 a de 0 0 0 0 0 0 0 0 0 0 a 0 de 60 5 8 8 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	AN1	ECEDENT CAUSES	(B) 11.	racheo-esophageal	Ilstula	2 weeks
rise	to the	CONDITIONS, if above cause (A) ONDITION last.	ony, giving	ronchogenic Carci	noma	8 months
DISE TO	THE DEAT	II ANT CONDITIONS C IH BUT NOT RELA NDITION CAUSING	ATED TO THE			
19 A. [DATE OF OP	ERATION 19B. CON WAS PER	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?

DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work (APPROX.) Work December 9th 19 65 December (1) (this hospital) attended the deceased from 22. I certify that 65 and that in (my) (our) opinion death occurred on the date December 19 that () (we) lost sow the deceased alive on and hour and from the causes stated above. (1) (We) (did) (did/n/o/) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director Stoff Phys. X M.D. 6 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Administration Hospital Veterans M.D. F. RICHARD KIEFFER. JR. n Boule Balto 21218 3900 Md 24A. BURIAL CREMATION DATE 24C. NAME of CEMETERY

25C. FUNERAL

ADDRE



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attendance on the death.

regular

who

the body was released ta the hospital by

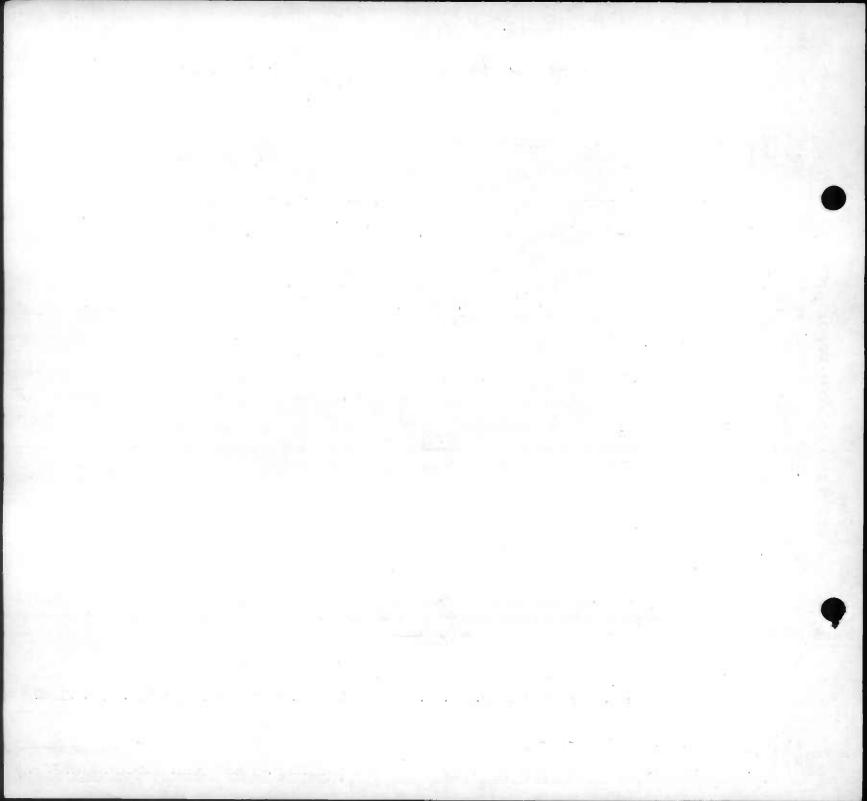
shows: (1) An accident af

was D.O.A

(4) Undetermined cause; (5) Deceased

or cantributing cause af death

	AME OF DECI			11		ND HOUR OF DEATH	1.30
		Helen		Haynes	Dec.	14,1965.	4 1
	ULL NAME O	TH IN BALTIMORE, MA		an aive steed	A. STATE Md. B. COU	ere deceased lived. It is NTY	nstitution: residence before odnis
H	OSPITAL OR	oddress or location	n)		C. CITY OR TOWN (If o	Baltimor	RURAL and give lownship)
0)	3215 Jun	leau i	Place	D. STREET ADDRESS	15 Juneau	
5. SI	EX Female	6. RACE White		ED, NEVER MARRIED WED, DIYORCED (specify) WLOOW	B. DATE OF BIRTH June 7,1893	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Months Doys Hours M
done	during most of v	PATION (Give kind of work vorking life, even if retired) nt-Battimo	0.	of Business or Industry			12. CITIZEN OF WHAT COUNTRY?
13. F	FATHER'S NAM	1E			14. MOTHERS MAIDEN NA	ME	
	Edwar	d McCauley			Elizabeth [Doughertu	
15. V	Nos Deceased	Ever in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT	y	ADDRESS
	and of purious	III yes, give wor or dote	on servic	215347375		th Haynes	same
	18.4.2	E OR CONDITION DIR		CAUSE	OF DEATH		ONSET AND DEATH
	injusy or com	plication which caused	death.)	se,		-	
1	DISEASES O rise to the UNDERLYING	R CONDITIONS, if abave cause (A) CONDITION last.	any, giv slaling	(B)	coronary ar	tery diseas	e oustappion 19
CATION	DISEASES OF THE DISEASE OF THE DISEA	ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) is CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	any, given stating to the state of the state	(B) DUE TO ling lhe (C)	hone:	J	
ERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING IOPERATION 19B. CONWAS PERIODERICAL CONTRACTOR CONTRAC	any, given stating	ING THE OR WHICH OPERATION	lone 1 [20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	R CONDITIONS, if abave cause (A) CONDITION last. II FICANT CONDITIONS C EATH BUT NOT RELACONDITION CAUSING I OPERATION 198, CON	any, gives stating CONTRIBUTION TO T. DITTON FORMED	ING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g.,	hone:	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	R CONDITIONS, if abave cause (A) CONDITION (as). FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERITING CAUSE OF	any, gives stating CONTRIBUTION TO T. DITION FORMED	ING THE DR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	O) 20 B. HF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. FIGANT CONDITIONS CATATH BUT NOT RELACONDITION CAUSING I OPERATION 198, CON WAS PERFORMED CAUSE OF medical examiner) (Month) (Doy) (Year) that (I) (Hits hospital last saw the decease from the causes state	CONTRIBUTION FORMED (Hour) attended addive a	ING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.) 21E. INJURY OCCURRED While At North At Work d the deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	JURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact locotion?
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MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS CAUSING I OPERATION 198. CONWAS PERIOD (MAS PERIOD CAUSING I OPERATION (Month) (Doy) (Year) That (I) (Mits hospital dast saw the decease from the causes state of the causes of the ca	ONTRIBUTION FORMED (Hour) (Hour) attended abave	ING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Who At Work d the deceased from In (I) (Ind.) (did) (did not) M.D. At Ph	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN item of the body of the death. Wed. Director Di	208. IF YES, WERE IN CERTIFYING CA (If in Boltimor JURY OCCUR? 19 5 to hat in (my) (corr) api	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location) The City, give exact location The City of



(4) Undetermined cause; (5) Deceased contributing cause regular death = MOS direct IMPORTANT assistant death kind; any pronounced his Also, of fracture the chief medical examiner FUNERAL DIRECTOR: examiner. who 4 3 physician medical burns; Body the O by 3 ere to the hospital nature; Why by approved (except any

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 10:35 CHARLES 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. It institution: residence A. STATE B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or tacation) OR TOWN (It autside city timits, write RURAL and give township) INSTITUTION OA HOSPITAL OF rural, give location 6 TOWORTH 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 If Under 24 Hrs. Yr. WIDOWED, DIVORCED (specify) ast birthday) Days Hours 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? dage during most of working life, even if retired) 4 TISING EXER ENNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO. HELLERY BAUDOUX LEWISTON, PENN. 46 FUNERAL HOME CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) RIOSCLEROSIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the abave cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 1198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (natity medical examiner) etc. MEDI 21 D. TIME 21F. HOW DID INJURY OCCUR? (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED OF INJURY Not While | While At (APPROX.) Wark At Wark 22. I certify that (1) (this hospital) attended the deceased fram 12 that (1) (we) lost sow the deceased alive on. ond that in (my) (aux) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did nee) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED Attending M.D. Med. Staff Phys. Director Phys. 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type 24A, BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24Dh LOCATION (City, 16 yn, or county) (State) REMOVAL (Specify) HAISCH 258. NAME OF REGISTRAR HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

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BIRT	н но.	ME	DICAL EX	KAMINER'S CI	ERTIFIC	ATE OF [DEATH Register	ed No	
M.E	CASE NO.								
1. N (Typ	e or Print)	DORLY	E	HAYES			nber 9, 1965		10:25 P
3. P	LACE IN BAL	TIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RI	SIDENCE (Where	deceased lived. If instit	lution: resid	lence before odmission)
						Maryland	B. COU	В	altimore
HO!	L NAME OF	ADDRESS OR LO	ITAL OR INSTIT	UTION, GIVE STREET			e corporate limits, write	RURAL or	nd give township)
INST	NOITUTION				F	Baltimore		500	700
	Raltim	ore City Hos	nitale			DDRESS (If rurol,	give location)	~~	0.00
1	Darcin	ore city nos	pitais			2 River H			
5. SI	EY	6. RACE	7 AAA BRIED	, NEVER MARRIED	8. DATE OF I		9. AGE (In years	I If Under	1 Yr. If Under 24 Hrs.
				DIVORCED(specify)			lost birthdoy)		Doys Hours Min.
	Male	White	Si	ngle	8,17,	1946	19		
toA.	USUAL OCC	UPATION (Give kind of w		FEDSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or foreig	n country)	12. CITIZE	N OF T COUNTRY?
00116	Ti	ruck Driver	CLOSU	RE COMPANY	Tunnel	ton, W. Va	a.		S.A.
13. F	ATHER'S NAM	ME			14. MOTHER'S	MAIDEN NAM	E		
		Clarence	Haves		Mon	a Duggar			
15. V	WAS DECEASE	ED EVER IN ILS. ARM	FD FORCES?	16. SOCIAL	17. INFORMA		10E.Hickar	A DORESS	
(Yes	no or unknown	(If yes, give wor or do	otes of service)	SECURITY NO.	Alvie	Hayes,			
	210			218-48-2408	AIVIC	nayes,	Baltimo	re, M	1. #20
	1B.	194		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION	DIRECTLY						
		LEADING TO DEA	TH	(A) Mult:	iple Tra	aumatic In	njuries.		
	(This does heart foilure	not meon the mode e, osthenio, etc. It meo amplication which cause	of dying, e.g.,	DUE TO					
	injury or co	emplication which couse	d deoth.)						
		ANTECENDENT CAU	SES						
		OR CONDITIONS, IF		DUE TO					
	UNDERLYI	HE ABOVE CAUSE (A) NG CONDITION LAS	STATING THE						
Z				(C)					
1		11							
S		DEATH BUT NOT							
E		R CONDITION CAUSI							
CERTIFICATION	19A. DATE O	F OPERATION 198, CO		WHICH OPERATION	20A. AUTO	PSY? (Yes or No)	208, IF YES, WERE FIN		
O	2	WASP	ERFORMED		Ye	es	IN CERTIFYING CAUS	EZ OL DE	Yes
×	21 A. EXTERNA	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about 21	C. WHERE DID	(If in Boltimore City, giv	e exact la	cotion)
EDICA	UTING CAL	USE OF DEATH.	etc.)	Street					River Neck Ro
1	21 D TIME	(Month) (Doy) (Y	eor) (Hour)	21 E. INJURY OCCURRED		HOW DID INJU		Duck	Tree neek ke
	OF INJURY (APPROX.)							. 1	
		12 9 6	5 P m.	WHILE AT NOT	WHILE X I	river of	auto into f	ixed	object.
	22. I cer	rtify that I held an	Inquiry	Inspection Au	topsy 🔀	and that on thi	is basis, death in m	v aplnia	1
				Accident Suicid			Indetermined manne		
	1950	Ited fram: Natural o	/	Accident X 301ciu				" 🗀	
	ACTUA	I	/	/_		MEDICAL EX			DATE SIGNED
	SIGNAT		Leele !	/ elly . M.D		MEDICAL EX			12/10/65
	EXAMII NAME (les S. I	Petty, M.D.	ASSOCIAT	E MEDICAL EX	XAMINER		12/10/03
	BURIAL CRE	EMATION, 238, DATE	2:	C. NAME of CEMETERY	CREMATOR	23 D. L	CATION (City, Kingwood, V	town, or o	county) (State)
	Burial	12,13	65	Kingwood			KINGWOOD,	v. va.	
		BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	246 FU	NERAL PIRESTOR	oks Towson,	240 4	DDRESS
	4 5	ADDE A O	a C T.	11. mx	WIII.	JUG-ADIC	- / -		
	DEC 15		p. 8. Fa	5 0 n	1 1051	J. YORKA	RD - lowso	nlyo	21204
VS	151-REV. 1/1.								

W. Vanke Cook Turbon, which

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT
	RTH NO. 1.E. CASE NO. 65 12758 CERTIFICA	ATE OF DEATH Registered No. 65 12758
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(1)	(Pe or Print) EDWARD RAY	DEC 10, 1965 6 30 AM
3,	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street	MARYCAND Balt
	HOSPITAL OR oddress or tocotion) INSTITUTION	Z. CITY OR TOWN (If outside city limits, write RURAL and give township)
		BALTIMORE 3300
	MINIAN MEMORIAL MARRIAN	D. STREET ADDRESS (If rurol, give location) 3 29 501774 WWW 2040
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED	D DATE OF BIOTH IN AGE (In section) V. If III-1-24 H.
	M CAUCACAN WIDOWED, DINSPREED (specify)	1/3/86 lost birthday 9 Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	SARDENER SAME	MARXLAND
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	EDWARD RAX	GARAGUA TANNIE TISHPAW
1.5. (Y	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	NO 7	CFART
	18. 4 9 / X I	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the mode of dying, e.g.,	June primore
	heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if ony, giving	Do X
	rise to the above cause (A) stating the (C)	
	11	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
AT	DISEASE OR CONDITION CAUSING IT.	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion)
A		iffice bldg., INJURY OCCUR?
DIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
MEDI	(APPROX.) While At Not Whi	ile 🖳
	Work At Work	()
	22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased alive on 0.2.	10V2 20 19 6510 DEC 10 1965
		19 6 ond that in(my) (our) opinion death occurred on the date
	ond haur and fram the couses stated above. (1) (We) (did) (did not) to 23A. SIGNATURE	
	11 1 - B - M.D. AH	lending Med. Stoff Stoff
	23C. PAYSICIANS Phy	ys. Director Phys. Dec 10, 1945
	NAME (Type)	
24	CHARLES E. BORING M.D. A. BURIAL CREMATION, 24B, DATE 24G, NAME of CEMETERY OF CR	
0	REMOVAL (Specify)	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	EMETERY GOUSON, MARYLAND
123	DEC 15 1985 A A & A & A	25C. FUNERAL DIRECTOR WM. COOK BROOKS TOWSON ADDRESS
Vs	150-REV. 1/1/65	1050 YORK RD TOUSON, MD.

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65 12759	BALTIMORE CIT	Y HEALTH DEPARTMENT	or agrisq
BIRTH NO.	CERTIFICA	ATE OF DEATH Registered No	65 12759
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND HOUR OF DEATH	
(Type or Print) MORE MEI	MODAN AGIV	140 142 /	of liver P
PLACE OF DEATH IN BALTIMORE, MARYLAND	A TINH TA HOUT	4. USUAL RESIDENCE (Where deceored lived. If in:	stitution: residence before admissi
		MARYIAND	2 a Off
FULL NAME OF (If not in hospital or institut oddress or location)	ion, give street	C. CITY OR TOWN (If outside city limits, write R	UPAL and give township)
NOITUTITZNI		BAITINOPE MAP	1121) 91734
UNION MEMORIAL	12000	D. STREET ADDRESS (If rurol, give location)	193100 21009
Cholor weekering	11031-	2400 CUB HIL	. R.D. 0000
SEX 6. RACE 7.	HED NEVER MARRIED	D DATE OF AIRTH	If Under 1 Yr., If Under 24 H
	WED, DIVORSES (specify)	1) 10 72 lost birthdoy 93	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KINI	O OF RUSINESS OR INDUSTR	1016	12. CITIZEN OF
one during most of working life, even if retired)		A1 A Chara	WHAT COUNTRY?
HOLISEWIFE -		HIH BAMA	UDA
FATHER'S NAME		14. MOTHERS MAIDEN NAME	
KEND MAYTON		PLEMENTINE SAW	PISU
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dates of servi		MAISO IPZICZ NAC	ORE SIA
une	UNK		
18.4 22.11	CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Vi	lupum Edema	112 4
(This does not mean the made of dying,	(A) IV	monory suring	70 V
heart failure, asthenia, etc. It means the dise		0 1110	
injury at camplication which coused death.)	THE ASS	SOUHD	
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any, gi	ving (C)		
UNDERLYING CONDITION last.	The (C)	0.000 0	
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBL			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE		
19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No. 208, IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED
E O		100	JULY OF STATE
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact location)
C DEATH (notify medical examiner)	etc.)		
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not Wh	hile	
(APPROX)	Work At Work		1
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 22. I certify that (IT) (this haspital) attend		12 10 19 65 10 12	11 19 6
that (W) lost sow the deceased alive	on 12/11	19 Ond that in (my) (aur) opis	nion death occurred on the
and hour and fram the couses stoted obay	e. (H) (We) (did) (did not)	view the bady ofter death.	
23A. SIGNATURE		7	238, DATE SIGNED,
KAM NIALLITIO		flending Med. Stoff	12/11/15
MAN IN NOTH AND	PH	hys. Director Phys.	10/11/40
23C.PHYSICIAN'S NAME (Typel		23D. ADDRESS	
DR. ROBERT N. WHITL	OCK M.D	D.	
24A. BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY or C	REMATORY 24D. LOCATION (Ci	ry, town, or county) (Stot
RIMOVAL (Specify) DFC 13 1965 (THESTNUT CPI	OVE CEM. VACKSONVILLE, E	BALTO. CO, MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA		25CAFUNERAL DIRECTOR	ADDRESS
DEO 1 5 1005 A A & Q 3	B. M. S.	Alien Kulkan Long	11.
DEC TO 1209 (16 12 12 6' 4	CHARDING ()	Julia Mark Solly	100000,114
VS 150-REV. 1/1/65			

HOUSEWIFE

LEND CLAYTON

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STON JAISBUILD UNION N 10 172 93 ALA ENNA

LHWW

ELEMENTINE SAMPLEY MISS WELLS NOTE:

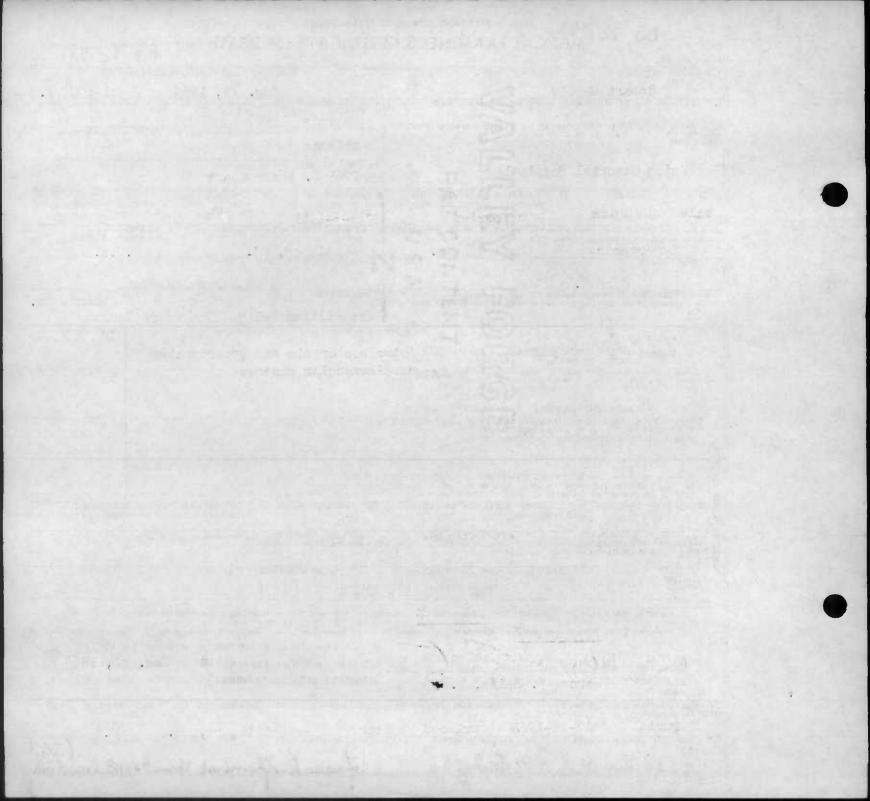
> Reference & document ASEVHO

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TOTAL M. TENCE

BIRTH NO. 65 12 MEDI	CAL EXAMINER'S CI	ERTIFICATE C	F DEATH Registe	red No.
M.E. CASE NO.				00 12/60
1. NAME OF DECEASED		2. DAT	AND HOUR PRONOUNCE	ED DEAD
Robert VELTON			Dec. 11, 1965	11:00 Am
3. PLACE IN BALTIMORE, MARYLAND, WI	L OR INSTITUTION, GIVE STREET	Georgia	B. COU	
HOSPITAL OR ADDRESS OR LOCA	TION)	Atlanta	outside corporate limits, write	RURAL ond give township)
Union Memorial Hos	pital	D. STREET ADDRESS (III 2965 S. Ph		
5. SEX Male White 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married TOB. KIND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH 11-5-1911 11. BIRTHPLACE (Stote or	9. AGE (In yeors lost birthdoy) 54 foreign country)	If Under 1 Yr. II Under 24 Hr. Months, Doys, Hours, Min.
Supervusor	Shell Oil Co.	Baltimore,	Md.	U.S.A.
13. FATHER'S NAME	011022 022 006	14. MOTHER'S MAIDEN	NAME	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
John H. Vel 15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) Of yes, give wor or dote No	FORCES? 16. SO CIAL	17. INFORMANT	Katheryn Ste	Address Atlanta Ga.
18.		OF DEATH	ver rou 5402 Lu	INTERVAL BETWEEN
ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. ZO OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	NY, GIVING DUE TO CONTRIBUTING ATTED TO THE			
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	No. 208. IF YES, WERE FIL	
Z 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218. PLACE OF INJURY (e.g., home, form, foctory, street, o			ve exact location)
21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)		WHILE	INJURY OCCUR?	
22. I certify that I held on II resulted from: Noturol cou ACTUAL SIGNATURE EXAMINER'S Werner	Accident Suicide		L EXAMINER X	
NAME (Type) 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY O		3D. LOCATION (City,	town, or county) (State)
Burial 12-14-	1965 Parkwood Ceme		Baltimore, Co.	Md ADDRESS
DEU 10 1965 (P. C.) VS 151-REV. 1/1/65	2 9 2	Langah	Tunesal In	-740/Belenger



ch

24B, NAME OF REGISTRAR

23C. NAME of CEMETERY or CREMATORY

Moreland Memorial Park

Charles S. Petty, M.D.

23B. DATE

13 Dec. 65

M.D. ASSISTANT MEDICAL EXAMINER X

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

23 D. LOCATION

ACTUAL

REMOVAL (Specify)

Burial

SIGNATURE

EXAMINER'S

NAME (Type)
23A. BURIAL CREMATION,

24A. DATE REC'D BY HEALTH DEPT.

DATE SIGNED

12/10/65

(Stote)

(City, town, or county)

Funeral Home/Glan Burnie, Md.

ADDRESS

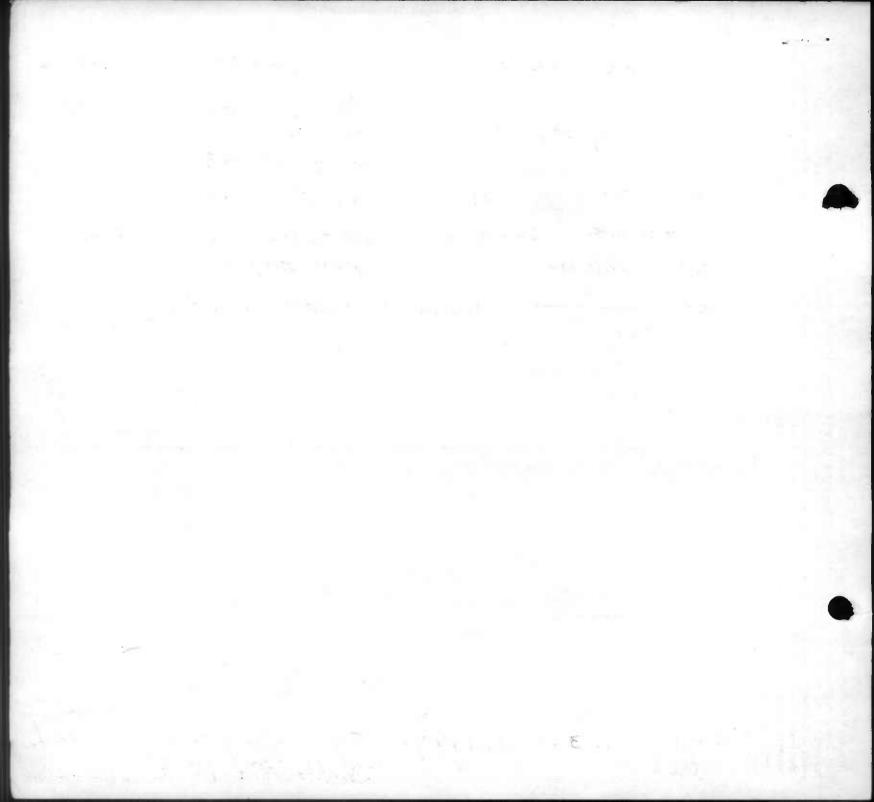
Baltimore, Maryland

SOFE . west fix Train inspects and the first of the contract o Tannel II sameril THE RESERVE OF THE PARTY OF THE Surial Promising Prop Inframeduction Co. and El Inframe

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

		ter at Caraca Ca	BALTIMORE CITY	Y HEALTH DEPARTMENT	1 6	5 40000
	H NO.	5 12762	CERTIFICA	TE OF DEATH	Registered No.	5 12762
1, N	AME OF DECEA		-		D HOUR OF DEATH	0 15
	P	1665 JESSI	E		10-65	9:40 Am.
3. F	PLACE OF DEAT	H IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	ro deceosod lived. If in ITY	stitution: residence before admission)
F	FULL NAME OF	(If not in hospital or institut	ion, give street	md.	00,00	Apundal
1	HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If ou	tsido city limits, writo	RURAL and give township)
-	Umi	world Hospile		Annapols		52-00
X	Bult	move, Hed.		D. STREET ADDRESS (If	rural, give location)	
	ρ.σ.σ.,	, ,		Rt. 4 B	0% 43	
5. S	EX 6.		RIED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	F	w	M	12-12-09	55	
		ATION (Give kind of work 10B, KIN rking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foro	ign country)	12. CITIZEN OF WHAT COUNTRY?
gon	House	e wife oil	2 H 0	Ralling	~ 1	48.4.
13.	FATHER'S NAME	0.7	7 10-10-	14. MOTHER'S MAIDEN NAM	ME	90-17,
	8/mer	Exeman		Jessie HA	you	
15.	Wos Deceosed E	ver in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	/	ADDRESS
(Te	A 10	f yes, give wer or dotes of serv	SECURITY NO.	William	Diggs Hus	hand Rame
	18. / (2	YI	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE	OR CONDITION DIRECTLY		- 1 1		ONSET AND DEATH
		EADING TO DEATH	(A)	CA. Lung		3 mons.
		meon the mode of dying, sthenio, etc. It meons the disc	e.g., DOE 10	0		
		ication which caused death,)	,	Breedes Turnor	A.I	3
	AA.	NTECEDENT CAUSES	DUE TO	Brah Tumor	. la 0 + 15	S my
		CONDITIONS, if any, gi	3	- m	Chomaric	
		obave couse (A) stoling CONDITION last.	The (C)			***************************************
		11				
N	OTHER SIGNIFIC	CANT CONDITIONS CONTRIBE	JTING			
ATIC		ATH BUT NOT RELATED TO ONDITION CAUSING IT.	THE			
CERTIFICATIO	19A. DATE OF C	PERATION 198 CONDITION	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
RTI	21	WAS PERFORMED		Ars.	IN CERTIFIED CA	USES OF DEATH!
	21 A. ACCIDENT	WAS UNDERLYING D	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
AL	DEATH (notify m		etc.)			
MEDIC		Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
\$	(APPROX.)		White At Not White Work At Work	le 🗍		
	22 1	. (1) (1) - 1 - 1 - 1 - 1			10 45	12 10 10 61
		hot (1) (this hospital) attend	ed the decedaed fidit		17	······································
					at in (my) (our) opi	nion death occurred on the date
		from the causes stated above	re. (I) (We) (did) (did not)	view the body ofter deoth.		
	23A. SIGNATURE		,			12. 10. 6)
	Marecl	deis Fryord	M.D. Att	tending Med. Director	Stoff Phys.	12. 10.00
	23C. PHYSICIAN NAME (Typ	S		23D. ADDRESS	10	5 1/1
			DHIRAN M.D.	Umounts	Hospital,	Bulling
244	BURIAL CREM	ATION, 24B. DATE 24	C. NAME of CEMETERY of CE	REMATORY 24D. L	OCATION (C.	ity, town, or county) (Stote)
3	REMOVAL (Sp.	ecity),	1 10-1	0 + 0	1 91	mil
254	DATE REC'D B	12-10-65 , Y HEALTH DERT. 258. MA	Druid Riagel	25C FUNEDAL DIRECTOR	MUILLE	ADDRESS
	DEC 15	1965 120 5 8	JE THE LINE	1 2 7 7 7 2	but Pula	11 0 : 1
15	150 BEV 1/1//2	Just disposed 1	Feb 197	Sugartonia	everal Hop	re-Herburne Mid-
A 2	150-REV. 1/1/65					

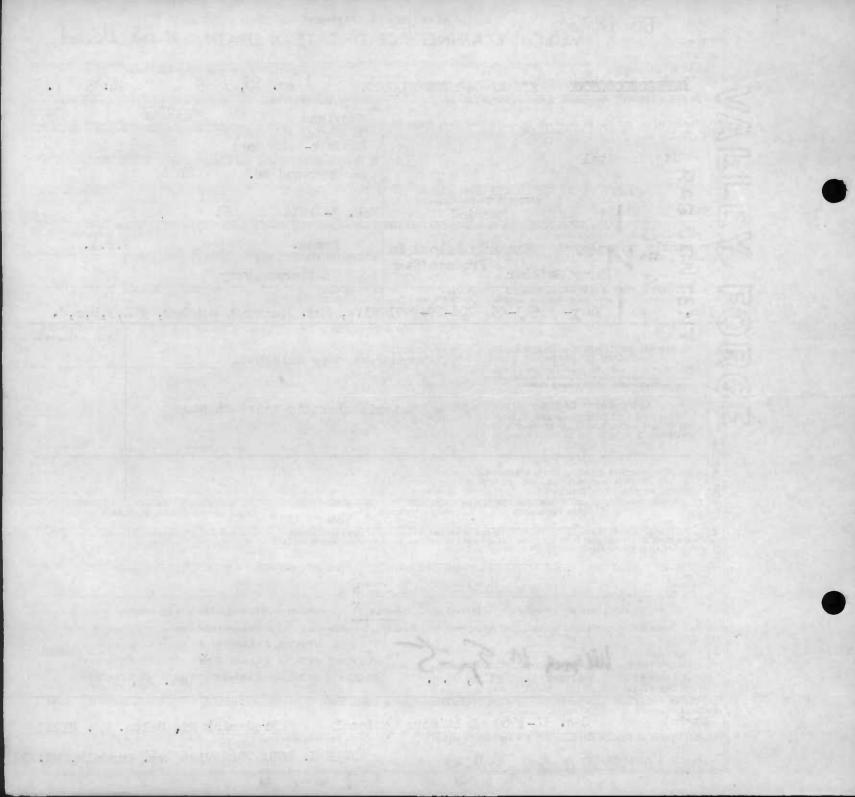


BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. 65 12763 CERTIFICATE OF DEATH the and of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print)

HICS. Eliza 62

3. PLACE OF DEATH IN BALTIMORE, M. LO -11-65 :00 AM hospital eath. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) ance contributing cause MANGLAND BACTIMORE FULL NAME OF (If not in hospital or institution, give street Ō (If outside city limits, write RURAL and give township) HOSPITAL OR address or location) C. CITY OR TOWN attend 0 CTIMOR8 Chunch Home & Hospital prior occurred AALe 17 110 regular Ö 9. AGE (In years If Under 1 Yr. It Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED mag deceased Hours WIDOWED, DIVORCED (specify) lost birthd Female Female White Married 3-00-55 to a usual occupation (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? eath disposition done during most of working life, even if retired) 2 11040 Austin .- W. VA 4.5. A. Sellem Was 13. FATHER NAME 14. MOTHERS MAIDEN NAME the 0 Coccoloni JONY Day DiBastiani Angelia assistant death OU kind; ADDRESS 6. SOCIAL 15. Was Decedsod Ever in U. S. Armed Forces: (Yes, no or unknown) (If yes, givo war ar dates at service) final SECURITY NO. Dale attendance No Anthony Er Ciamaria ale Avenue 6 any CAUSE OF DEATH INTERVAL BETWEEN pronounced 0 ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY Also, balmed Antra circleral humarlia of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heort foilure, osthenio, etc. Il meons the diseose, the chief medical examiner examiner. regula injury or complication which coused death.) E B ANTECEDENT CAUSES who Gre 4 DISEASES OR CONDITIONS, if ony, giving <u>ෆ</u> rise to the obove couse (A) stoting the physician the remains UNDERLYING CONDITION lost. medical WGS burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 8 WAS PERFORMED by before 21 A. ACCIDENT WAS UNDERLYING 3 21B. PLACE OF tNJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? (If in Boltimoro City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital °N DEATH (notify medical examiner any nature; Py MEDIC obtained 21 D. TIME (Month) (Day) (Your) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and 22. I certify that (1) (this hospital) attended the deceased fram death); pe that (1) (we) last saw the deceased alive an and that In(my) (aur) opinion death accurred an the date of hospital the body was released and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. must shows: (1) An accident 23A. SIGN AT URE 23B. DATE SIGNED Attending Phys. Med. Stoff 40 Director approval 0 25C. PHYSICIAN 23D. ADDRESS prior at NAME (Type) was D.O.A. 24A. BURIAL CREMATION, eceased 24C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) written emetery Balt .965 Gardens of Faith 12-14-1965 Baltimore Co. VS 150-REV. 1/1/65

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		HEALTH DEPARTMENT		
BIRTH NO. 65 31254 65 12	765 CERTIFICA	TE OF DEATH Regi	stered No.	
1. NAME OF DECEASED		2. DATE AND HOUR	OF DEATH 5 127	65
(Type or Print) 13 a b - 1	1115 (B	4. USUAL RESIDENCE (Whore deceos	ed lived. Il institution; residen	8:15 Am
FULL NAME OF (If not in hospital or insti	tution, give street		altimore	
HOSPITAL OR oddress or location)	,		limits, write RURAL and give	township)
Bon Secours Hos	p, th1	Dundalk D. STREET ADDRESS (If rurol, give	e location)	500
		7919 St. Clair Lane	21222	
Male White WI	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) Infant—never marr	B. DATE OF BIRTH 9. AGE (lost birth		Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even it retired)	nd of Business or Industry Infant	MANY La No	12. CITIZEN CON WHAT CO	DUNTRY?
JAY MillS		Re-Hy	10.7	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give war or dates all se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADC	PRESS
(Yes, no or unknown) (If yes, give wor or dotes of se	None	Father, Mr. Jay Mill	s, # 4,a,b,c,d	•
18.761.0	CAUSE O	F DEATH		VAL BETWEEN
DISEASE OR CONDITION DIRECTLY		+0 D	1	h-
(This does not mean the mode of dying,		exa Cinopia	L ************************************	<i>// ()</i>
heort failure, asthenio, etc. It means the di injury ar camplication which coused death.		1 0 4	D	
ANTECEDENT CAUSES	(B)	Umaleur Sepuration	~ 05	
DISEASES OR CONDITIONS, if ony,		20.	40	
rise to the above cause (A) stating UNDERLYING CONDITION lost.	g lhe (C)	- Lacket		********************
11		1		
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING TO THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Not 208, II	VEC WERE EINDINGS COA	KIDEBED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME U 21A. ACCIDENT WAS UNDERLYING		A D IN CE	RTIFYING CAUSES OF DEAT	H?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., i home, lorm, loctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimore City, give exo	ct locotion!
21D. TIME (Month) (Doy) (Year) (Hou	21 E. INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (i) (this haspital) atte	nded the deceased from	19	_ta	19
that (I) (we) last saw the deceased allv		19and that in(m	y) (aur) apinian death ac	curred on the date
and haur and from the causes stated ab	ove. (I) (We) (dld) (dld not) v			
23A. SIGNATURE	, , , ,		23B. DATE SIG	NED
Louis le J	areis M.D. Ath	ending Med. Stoff Phys.	Dec.	11-1965
23C HYSICIAN'S NAME (Type)		23D. ADDRESS	1 1270 5	210
LOUIS C. G.	AREIS M.D.	819 MEDICA		ノン
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CR	EMATORY 24D. LOCATION	(City, town, or cou	nty) (Stote)
Burial Dec-13-196		7225 East	ern Ave. Balto.	Md. 21224
Dime d W sociel s	AME OF REGISTRAR	JOHN J. DUDA 7922		
DEC 15 1965 P. C. 5 2.	50.16.42 0 0	DOUR HARR	MT99 WAG DOTTING	LLA PILLO EE
VS 150-REV, 1/1/65				

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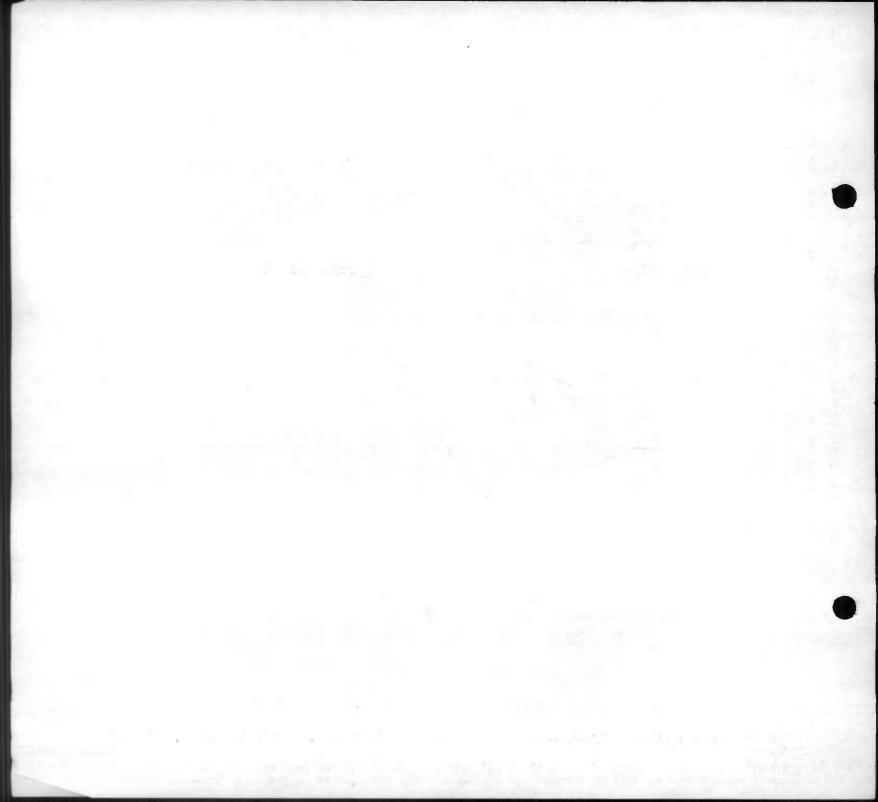
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1	1.5120903	BALTIMORE CITY	HEALTH DEPARTMENT		v
	WITH NO. 65 130903 12766	CERTIFICA	TE OF DEATH	Registered No.	19700
	M.E. CASE NO. I, NAME OF DECEASED Type or Printle Type or Printle	1.124 (2. DATE AND	HOUR OF DEATH	1.6/90
7	PLACE OF DEATH IN BALTIMORE, MARYLAND	A PI G		deceosed lived. Il instituti	on: residence before admission)
i	FULL NAME OF (If not in hospital or institution, give	e street	A. STATE B. COUNTY	Itimore	
	HOSPITAL OR oddress or location) INSTITUTION	1 /	C. CITY OR TOWN (If outside	de city limits, write RUR	ond give township)
3	Johns Hopkins Hosp	ital	D. STREET ADDRESS (If rus	rol, give location)	0 (
	·		1324 Asquith		
	F NEGRO NEVE	ER MARRIED	12/11/65 0		Under 1 Yr. If Under 24 Hrs. Hours Min.
	done during most of working life, even if retired)	JŠINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country) 12.	CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME		14. MOTHERS MAIDEN NAMI	E	
	Henry Allen		Myrtle Echol		
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	1B. 761.01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) 10	apriea		3 days
	(This does not meen the mode of dying, e.g., heart failure, osthenio, etc. It means the disease,	DUE TO			
	injury ar camplication which caused death.) ANTECEDENT CAUSES	(B) AB	RUPTIO PLA	+CENTA	3 days
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the	10	•		V
	UNDERLYING CONDITION lost,	(C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PL	ICH OPERATION	YES	20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
		ACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21C. WHERE DID	(If in Boltimore City.	, give exact location)
	OF INJURY (Month) (Doy) (Year) (Hour) 21E, IN	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	Work	At Work		12 121	114 11
	22. I certify that (I) (this hospital) attended the that (I) (we) lost saw the deceased alive on	- 1 . N	1	65 to /2/	deoth occurred on the dote
	and hour and from the couses stated above.			(cor, oprinor	acom occorred on the dola
	23A. SIGNATURE	M.D. Atte	ending Med. S	23 B.	DATE SIGNED
3	23C. PHYSICIANS WAME (Type)	Phy	s. Director P	hy s.	12/14/60
2	Jerry Winkelstein	M.D.		Hopkins Hosp	nital
5		LE of CEMETERY OF CR			wn, or county) (Stote)
	cremation 12-14-65 The			timore 5, M	
	DEC 15 1965 P. C. TE 2. STANS	REGISTRAR	HOSPITAL	DISPOSAL	ADDRESS
ΙĮ	/S 150-REV. 1/1/65	30 (1)	1 5 7 7		



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DI	This certificate must be approved by the chief medical the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; (was D.O.A. at a hospital (except where the physicial deceased prior to death); and (6) No physician was written approval must be obtained before the remains

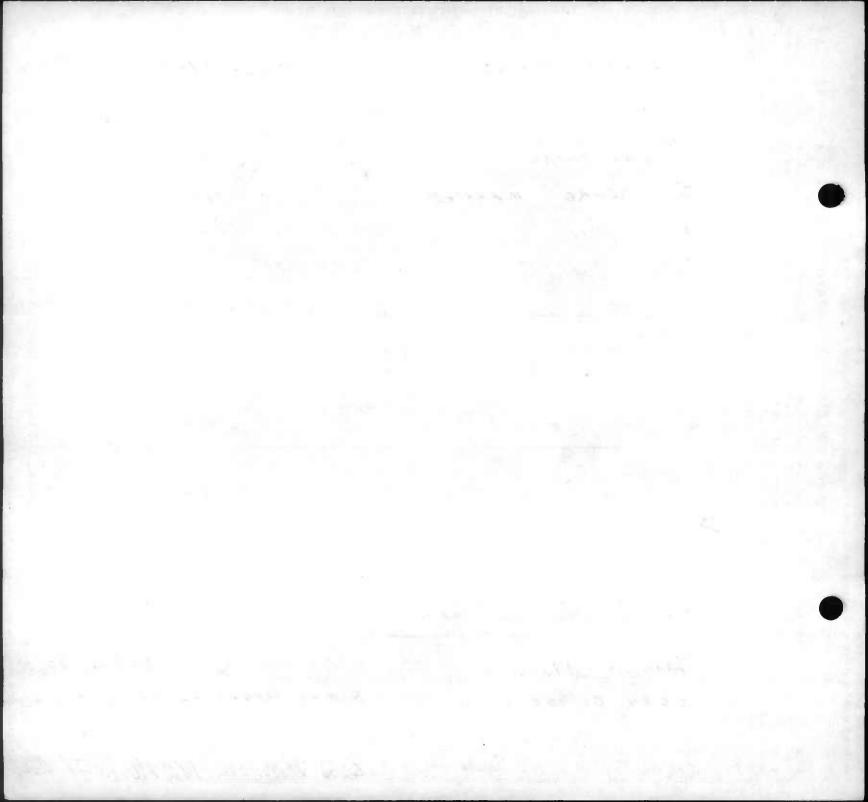
5435	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH-NO. 65 12767	CERTIFICATE OF DEATH Registered No. 65 12767
M.E. CASE NO. 1, NAME OF DECEASER	2, DATE AND HOUR OF DEATH
(Type or Print)	10 10 p
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
STEASE OF SEATH IN SALIMORE, MARKETON	A. STATE, B. CONNYY
FULL NAME OF (If not in hospital or institution, give	e sheet Manyleys (Hercye)
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL on give township)
De - Haritel	glenloe Campant
2 Sinai Hospital	D. STREET ADDRESS (If rungle give locotion)
	42/0 Clark drive hand
	EVER MARRIED & DATE Of BIRTH/ 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
Mulo 11/ WIDDINED	DIVORCED (specify) O DIVORCED (specify) Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work) OR KIND OF	USINESS OR INDUSTRY 11. BIRTHPLAGE (Stote or foreign country)
done during mass of working life, even if retired)	
EXECUTIVE DE STATE	there England Internal
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
The Court Court	ELDON (MANDE BLACTWAITE
15. Wos Deceosed Ever in U. S. Armed Forces?	17 MICRO AND THE STATE OF THE S
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECULOR AND
No	Malann Home ENSOR MILL ROND
18. 2 881 14. FX 25 00 4	AUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Selat ONSET AND DEATH
LEADING TO DEATH	& asperation Procument 2days
(This does not mean the made of dying,	DUE TO
(This does not mean the made of dying, heat laiture, asthenia, etc. It means the diservision injury or complication which caused death.)	
ANTECEDENT CAUSES	5 Delirum Tremens 2 days.
ANTEGEDENT CAUSES	DUE TO
DISEASES OR CONDITIONS, if any, conting rise to the above cause (A) stating 18	2 En Charge Liver Museup 10-15 lus.
UNDERLYING CONDITION last,	20 t al al
	3 6 alchoric Centure
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Sutmosel Occupat
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE	Jana . Caus
U 19A. DATE OF OPERATION 119B. CONDITION FOR W	CA OTERATION [20 A. AUTORSY? (Yes or No!) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED N	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING CONSIDERED IN CERTIFYING CAUSES OF DEATH?
) W	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING A CAUSE OF home,	form, foctory, street, office blyg, INJURY OCCURY
	ankum Unhuann
OF INJURY /	NJURY OCCURRED 2)F. HOW DID INJURY OCCUR?
(APPROX.) 12/6/6 Work	At Not While Quitomobile (Ununmo
22. I certify that (1) (this haspital) attended the	
that (1) (ve) last saw the deceased alive an	19/65 and that in(my) (aur) pinian death occurred on the date
and haur and fram the causes stated above. (1)	We) (did) (did nat) view the body after death.
23A. SIGNATURE	23 B. DATE SIGNED
Wetast Lee Xeven	M.D. Attending Med. Stoff Phys. Stoff
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	16 22.21
VILHAGE L. LE	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	LE of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
7	ney Valley Towson, Md. #4
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
DEC 15 1965 (2.0. A	Wm. Cook-Brooks Towson, Md. #4 1050 YORK RD
VS 150-REV. 1/1/65 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	C. Arabasini I. I. A. C.
TO TOURNETS IN INVO	



non med 12/14/65

death) hospital the body was released must accident must 0 written approval 0 deceased prior certificate a An was D.O.A. shows:

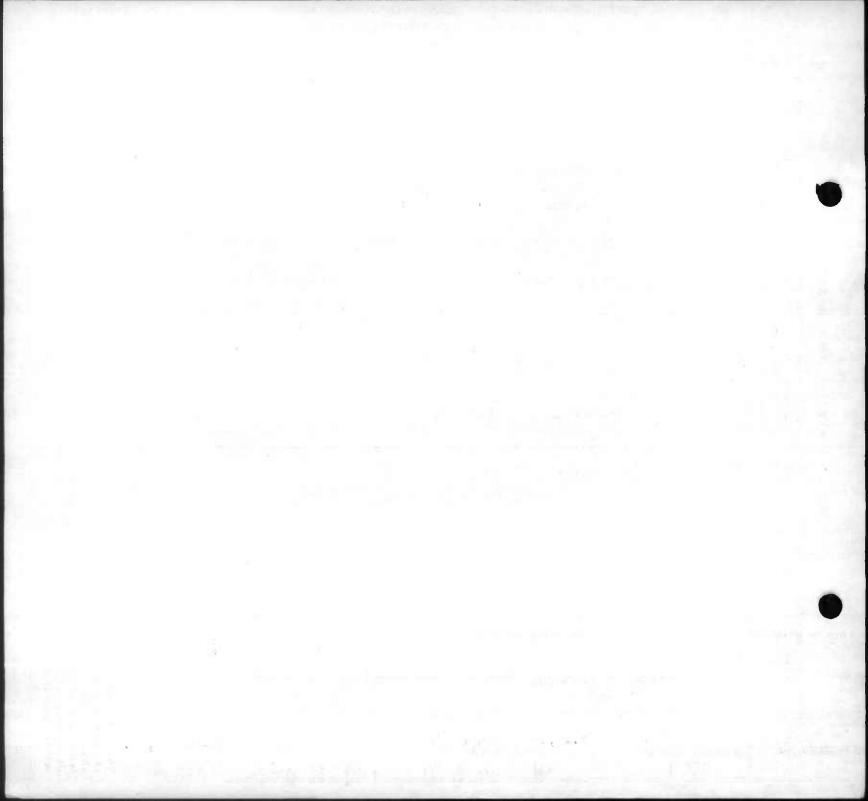
23A. SIGNATURE 238 DATE SIGNED Attending Med. Director Stoff Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) EON ER M.D. 24A. BURIAL CREMATION. 24C, NAME of CEMETERY OF CREMATORY REMOVAL (Specify) willen 25G FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



BIRTH NO.	MED	CAL EXAM	INER'S CE	RTIFICA	TE OF D	EATH Registe		1.2703
M.E. CASE NO.								
Type or Print)	EASED			2. DATE AND HOUR PRONOUNCED DEAD				
	14000 14400 1110 111	HANNA	BAKLEY					
	MORE MARYLAND, W			A. STATE	ryland	deceased lived. If ins B. COI	unty	ence befare admission
OSPITAL OR	ADDRESS OR LOCA	SIVE SIKEEL	C. CITY OR TO	WN (If autside	carparate limits, writ	e RURAL and	d give township)	
NSTITUTION				E	Baltimor	e	16-0	23
				D. STREET ADD	RESS (If rural,	give lacation)		
P	Franklin	Square Hosp	ital		1711 W.	Lanvale of		
female	6. RACE	7. MARRIED, NEVER WIDOWED, DIVORC	MARRIED	8. DATE OF BIRT	Н	9. AGE (In years last birthday)	If Under	1 Yr. If Under 24 Hr Days Hours Min.
OA. USUAL OCCU	PATION (Give kind of world	10B. KIND OF BUSINI	ESS OR INDUSTRY	11. BIRTHPLACE	(State ar foreign		12. CITIZEI	N OF
	arking life, even if retired)			11-0	10:01		WHAT	COUNTRY?
3. FATHER'S NAM	naker			14. MOTHER'S M	AIDEN NAME			
F 1	D 1	licks				· · · ·		
E d W	D EVER IN U.S. ARMED	FORCES? 116, SO C	TAI	17. INFORMANT	a 17	icks	ADDRESS	
es, na ar unknown)	(If yes, give war ar date		URITY NO.	// INFORMANT	- 1			
NO				Kosetta	atlar	per 1	1/11 (1	1 Lanuale
18.	22-11		CAUSE	OF DEATH				INTERVAL BETWEEN
DISEASES (RISE TO THE	nplication which caused NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S' G CONDITION LAST.	S NY, GIVING	(B)					
TO THE	II IIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	LATED TO THE						
0	WAS PER			no		20B. IF YES, WERE FI	SES OF DEA	ATH?
UNDERLYING CAUS	OR CONTRIB-	21 B. PLACE (hame, farm, etc.)	OF INJURY (e.g., i foctory, street, o	n or obout 21 C. V	WHERE DID (I	f in Baltimare City, g	ive exoct loc	cotion)
21D TIME (Month) (Day) (Year) (Hauri 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK								
22.	ify that I held an I				d that an thi	e hoele dooth to	my aninian	
						s bosis, death in		
resulf	ed fram: Natural ca	uses K Acciden	t Suicide			ndetermined mann	er	
ACTUAL		h 82	M.D.	CHIEF M	EDICAL EX			DATE SIGNED
EXAMIN NAME (1	ER'S Werner	U. Spitz. M.		ASSOCIATE M			12/1	15/65
A. BURIAL CREA	AATION, 23B. DATE	23C. NAM	E of CEMETERY .	CREMATORY	23D. LC	CATION (City	, tawn, or co	aunty) (Stotel
Buria	1 Dec	18,1965 Lowe		Port Hou	hal.	mbridg	el	Jirginia
4A. DATE REC'D	BY HEALTH DEPT.	248, NAME OF REG	ISTRAR	24C. FUNER	AL DIRECTOR		Al	DDRESS
DEC 15	1965 (P.O. B	D Jan D. W	000	Park	Hilo	wre - 153	7 1.0	morth a
S 151-REV. 1/1/6	5	1 / 0 / 4	7 (1	1 0	0 0			

THE PERSON NAMED IN The state of the s

			TY HEALTH DEPARTMENT	(25 12770		
BIRTH NO.	65 12	770 CERTIFIC	ATE OF DEATH	Registered No.	65 12770		
M.E. CASE NO. 1. NAME OF DECEASED				ND HOUR OF DEATH			
(Type or Print) JOH	B	HENNELLY		2-14-65	1 911/- 0		
3. PLACE OF DEATH IN BAL					8,45 A.M.		
			A. STATE B. COU	TINTY			
		titution, give street	MARYLANI) (
INSTITUTION	E SISTER	S OF THE POOR	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
1	9LLEY.	STREET	D. STREET ADDRESS (If jurol, give location)				
BALTI		10. 21202	1200 VAL	9. AGE (In years last birthdoy)			
5. SEX 6. RACE	7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years last birthdoy) /	If Under 1 Yi. If Under 24 His. Months Doys Hours Min,		
M		WIDOWED	7-16-1891	74			
OA, USUAL OCCUPATION (Gi		KIND OF BUSINESS OR INDUST	RY 11, BIRTHPLACE (State or for	leign country)	12. CITIZEN OF WHAT COUNTRY?		
MARINER	,		MT. HOLLEY	VIRGINIA	U.S.A.		
3. FATHER'S NAME			14. MOTHERS MAIDEN NA	0.0,11,			
+.	4		A	8			
WAMES	HENN	ELLY	MARGAR	ET ANTHO	NY		
S. Wos Deceased Ever in U. Yes, no or unknown! (If yes, giv	a Maned Foices? e wai oi dates of :	1 6. SOCIAL SECURITY NO.	17. INFORMANT	11	ADDRESS STREET		
UNKNOWN		217-07-852	9A LITTLE SISTE	RS Pope	BALTIMORE, MD. 2120		
18. 11991		CAUSE	OF DEATH	712 1000	INTERVAL BETWEEN		
DISEASE OR COM	IDITION DIRECTL	Υ	0	/	ONSET AND DEATH		
LEA DING	TO DEATH	(A)	ulmonosy	, ellm	40		
(This does not meon the heart foilure, osthenio, e		g, e.g., DUE TO	~				
injury or complication w			9 (0 /))			
ANTECEDE	NT CAUSES	(BI					
DISEASES OR CONDI	TIONS, if one	DUE TO					
rise to the above	couse (A) sloli						
UNDERLYING CONDITI	ON last.						
7	l						
OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED	RIBUTING TO THE					
DISEASE OR CONDITION	CAUSING IT.	N FOR WHICH OPERATION	[30.4 4.1=0.5445 /V 5.4	1.1 000 10 100			
19A. DATE OF OPERATION	WAS PERFORM	ED WHICH OFERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?		
U 21A. ACCIDENT WAS UN	IDEBLYING T	218 BLACE OF INITION	is as about 21 C MARKET DID	(1/ : 0):	6:		
OR CONTRIBUTING CA	USE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Solfimore	City, give exect locotion)		
U	iminer)	etc.1		43.00			
W OF MILLIPY	Doy) (Yearl (Ho	un 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
(APPROXI		While At Not W	hile				
22 annei (1) (al	in bondant) ass			10/1/	1110		
		anded the deceosed from	1100	.1964_to1	2 19 B.S.		
that (I) (we) lost saw t	he deceased oli	ve on	19 ond t	hot in (my) (our) apli	nion death occurred on the date		
	couses stated o	bove. (1) (We) (did) (did not)	view the bady ofter death.	•			
23A. SIGNATURE	1	/ }			238, DATE SIGNED		
Hamle	ef (4n)	cicif of M.D. A	hys. Med. Director	Stoff Phys.	12.15.65		
23C. PHYSICIAN'S			23D. ADDRESS		,		
NAME (Typel	STANLE	Y ANKLIDAS MI	1802 W. Ba	1 t u and	t md 21222		
24A. BURIAL CREMATION, 2	IR DATE	24C. NAME OF CEMETERY OF C	1 7 7 7	CC 15 / SOCCI	0 1119 सरहर		
REMOVAL (Specify)	TO DAIL	240. IVANIE DI CEMETERT OF	KENTATORT 24D,	LOCATION (Cit	ly, town, or county? (Stote)		
	ec.18,196	Loudon Park		Baltimor	Md.		
SA. DATE REC'D BY HEALTH	DEPT. 258,	NAME OF REGISTRAR	2SC. FUNERAL DIRECTO	R	ADDRESS		
DEC 15 1965 (0 1 1	STEPHENE OF IT	1 Mm rd Tock	xos 4 Sons.	M. + Va Cures.		
VS 150-REV. 1/1/65	3		0.0		7		

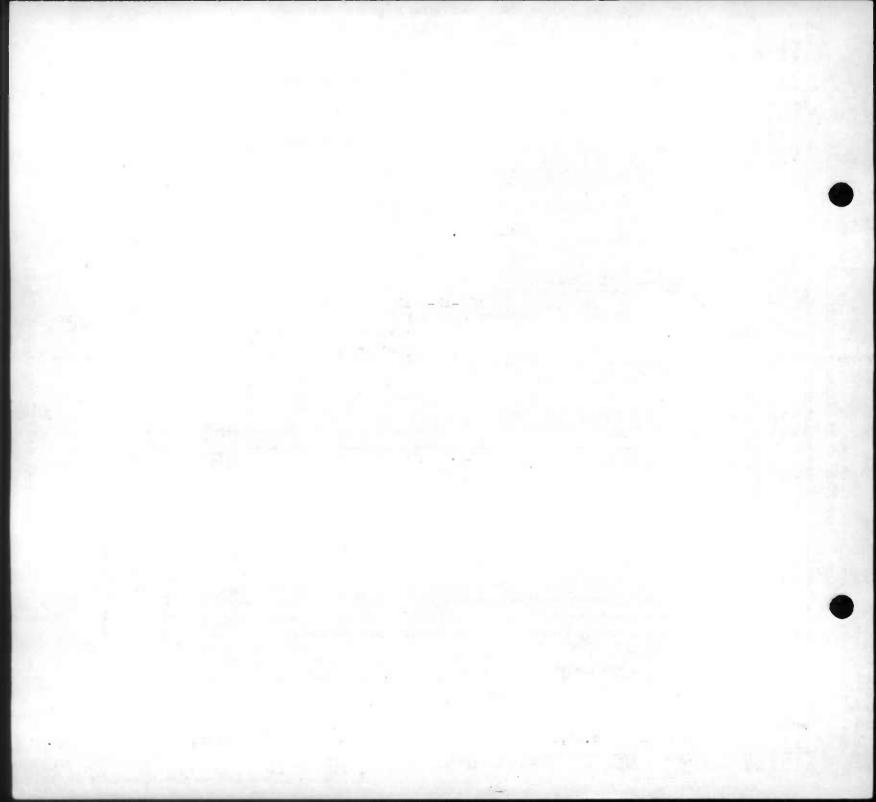


FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

ı				BALTIMORE CITY	HEALTH DEPARTMEN	NT	OF A Chaus	
8	RTH NO.	65	1277	CERTIFICA	TE OF DEAT	H Registered	No. 65 12771	
113	NAME OF DEC	F4.CED				TE AND HOUR OF DEA	ATU	
(1	ype of Printy A	DE FRE	DC.		2.00	2 Dec	5 5'50 A	
		TH IN BALTIMORE, MA			4. USUAL RESIDENCE	(Where deceased lived.	If institution: residence before admission)	
1					2	COUNTY	11-03	
	FULL NAME O	F (If not in hospital oddross or location		give street	c. CITY OR TOWN		rite RURAL and give township)	
11	INSTITUTION				R-Ot.	til outside city limits, w	mie kokat ond givo township/	
1	X .				D. STREET ADDRESS	(If rurol, give location)	
1/	n ARYLA	nd GENE	RA/ /	tosmit pl	844	U Entraw	01-	
5.	SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 His.	
0	MALE	white		RIED (specily)	2-17-11	lost birthdoyl	Months Doys Hours Min,	
			108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF	
d	4	working life, even if retired)	Reald	cy Co.	11.4 1.		WHAT COUNTRY?	
1	CORET	AKER	Mear	y 00.	Kentuck.	Y	4 3/7	
I.	0				,		,	
L	1-11		WAD &			nA CV/7/11	e~	
1:	os, no oi unknown	(If yes, give wor or dot	rces? es of servico)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	YES			407-12-8412	wife	. 0	25 NEution ST	
-	18. 11 4	3 X I		CAUSEO	F DEATH		INTERVAL BETWEEN	
	DISEAS	E OR CONDITION DE	RECTLY	7	The state of the s	7	ONSET AND DEATH	
		LEADING TO DEATH		(A)	AND DESCRIPTION		270	
		ol mean the mode of asthenio, etc. Il means		DUE TO			•	
		injury or complication which coused death.)						
ı		ANTECEDENT CAUSES (B) DUE TO						
		R CONDITIONS, if						
		obove couse (A)	slaling lhe	(C)		************************		
	ON DERESTING	11	_					
4	OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING	7° 0	1			
	TO THE DI	EATH BUT NOT REL	ATED TO TH	Deler	un 17	remen	8	
	19A. DATE OF	OPERATION 198. CON	IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?	
	19A. DATE OF	WAS PE	FORMED		40	IN CERTIFYING	CAUSES OF DEATH?	
1		T WAS UNDERLYING		PLACE OF INJURY (e.g., in			timore City, give exect location)	
	DEATH (notify	medical examiner	etc.)	e, form, loctory, street, of	nce blag., NJOKI OCCC	J K!		
1	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
	21D. TIME OF INJURY (APPROX.)		Whi	le At Not While				
			Wor					
ı		that (1) (this hospita		_	9-Dec	19 6.5to	13- Dec 19 65.	
	that (1) (we)	lost saw the deceas	ed alive an	13. PRC	19.65	nd that in (py) (aur)	opinian death occurred on the date	
	ond hour ond	from the couses sto	ted obove. A) (We) (did) (did 1901) v	few the body ofter de	oth.		
	23A. SIGNATU	RE O O	11.	Jam		. /	23B. DATE SIGNED	
		Tic. Co	les ,	M.D. Atto	mding Med.	Stoff Phys.	13-pac-65	
	23C. PHYSICIA				23D. ADDRESS		117	
	NAME (T)	per T	willing	Mn M.D.	marrland	11. 1. 1	have til	
2	A. BURIAL CREA	MATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	1.1	Gloral B	(City, town, or county) (Stoto)	
	REMOVAL (S	ipecify)		or warner or wat	2			
-	Remov					Winchester,		
1	A. DATE RECED	BY HEALTH DEPT.	25B NAME C	FEEGLIKAR	25C. FUNERAL DIRE	CTOR.	ADDRESS	

Mm. J. Pickner & Sons M. + PA. aves. 1900 Report El DEC 19 VS 150-REV. 1/1/65



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PO	is), if	an	lced	ndo
3	or h	Also	6 0	DOU	atte
FUNERAL DIRECTOR: IMPORTANT	Per	er.	ctur	Sror	and (6) No physician was in regular attendance on the deceased prior to death. Such
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	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death);
	ific	3	1) A	A.	id p
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	his	he k	how	50/	929
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	BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO.	CERTIFICA	TE OF DEATH Registered N	O. A Company			
M.E. CASE NO.	1.16	2. DATE AND HOUR OF DEA	m 65 1277?			
(Type or Print)	DANIEL O.	12 DECEMB	- 15			
3. PLACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Where deceased lived, I				
		A. STATE B. COUNTY	14 m			
FULL NAME OF (If not in hospital or HOSPITAL OR address or location)	nstitution, give streel	MARULAND,	DI-/1/1/1/2/2			
(NSTITUTION		C. CITY OR TOWN (If outside city limits, wi	te RURAL and give township)			
/		HOLLYWOOD	(08-00			
UNIVERSITY HO	SPITAL	D. STREET ADDRESS (If rurol, give location)				
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Manths Days Hours Min			
m W	MARRIED	15 MAY 1908 57				
OA. USUAL OCCUPATION (Give kind of work 10 fone during most of working life, even if retired)	B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?			
	Civil Service	New Jersey	USA			
3. FATHERS NAME	CIVII Jorvica	14. MOTHER'S MAIDEN NAME	0311			
100000	1 P	C	11.			
AGLOR, US mon	d / i	TIGETIE V. W.	lkins			
5. Was Deceased Ever in U. S. Armed Forces Yes, no ar unknawn) (If yes, give war ar dates of	? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
		Chart				
18. 44 4 1 4	CAUSE	OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECT	TLY		ONSET AND DEATH			
LEADING TO DEATH	in Dia	secting aprile aneurys	M 32 hin			
tinis does not mean the made of dying, e.g., DUE TO						
hearf failure, asthenia, etc. If means the	e disease,					
ANTECEDENT CAUSES	1B) Hero	extensive cardiovasc d	is 20+ ms			
	DUE TO		0			
DISEASES OR CONDITIONS, if any rise to the above cause (A) st		rate artic insuffe	ciency 8 hrs			
UNDERLYING CONDITION last.	(0)	dada da				
11	<u> </u>					
OTHER SIGNIFICANT CONDITIONS COL						
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NONE NONE					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFO	TON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED			
E O NOUE	COVED	IN CERTIFING	CAUSES OF DEATH:			
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltin	nore City, give exact lacation)			
A DEATH (natify medical examiner)	etc.)	unice biog., INJOKI OCCOK:				
O 21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
S OF INJURY	While At Not Wh					
(APPROX.)	Wark At Work					
22. I certify that (I) (this hospital) a	ttended the deceased from //	DEC 7pm 1965 to 15	Dec 213 am 19 6			
that (I)(we) lost saw the deceased		115	opinion death accurred on the			
			opinion deorn occurred on the			
and hour and from the causes stated	obove. (I) (We) (did) (dld not)	view the body ofter deoth.				
23A. SIGNATURE			238, DATE SIGNED			
Parbara h.	Johnson, M.D. At	ys. Med. Stoff Phys. Phys.	12. Dec, 65			
23C. PHYSICIAN'S		23D. ADDRESS				
NAME (Type)	1 Tile M.D					
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CI		(City, tawn, or county) (Stot-			
REMOVAL (Specify)	The state of Control o	. 1	(City, tawn, ar caunty) (State			
Burial 12/15/6.	5 Trinity men	orial Walders.	Charles mc			
25A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTIVAR	25C. FUNERAL DIRECTOR	ADDRESS			
DEC TO 1202 (Starpil)	5. Astramity 0 0	W. C. berke mostly gles	Llongedtoin med			
VS 150-REV. 1/1/65			The state of the			
3 130-KEV. 1/1/03						

Samuel P.

W.W.

a control de monde ent

B.	ALTIMORE	CITY	HEALTH	DEPARTMENT
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	15	1271
Registered	NO.U	The second

BIRTH NO. M.E. CASE NO. 65 12	773 CERTIFICA	ATE OF DEATH Registe	red NO.5 116180
Type or Print)	FAIN COALINS	2. DATE AND HOUR OF	1-65 720 p
3. PLACE OF DEATH IN BALTIMORE, A		4. USUAL RESIDENCE (Where deceased I	ived. If institution: residence before admission
FULL NAME OF (If not in hospit HOSPITAL OR address or laca INSTITUTION	al or institution, give street tian)	C. CITY OR TOWN (If outside city limit	ts, write RURAL and give tawnship)
& UNIVERSITY	HOSPITAL	D. STREET ADDRESS (If rural, give loc	otian)
			NGTON ST.
6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In y. last birthday)	Months Days Haurs Min.
	Ork 10B. KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF
dane during mast of working life, even if retired	1)	MARTLAND	WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	0
FAZCON C,	422 LE.	DOROTHY 1	4. CUCCINS,
5. Was Deceased Ever in U. S. Armed Yes, no or unknown) (If yes, give war ar d		17. INFORMANT	APDRESS
NO		Dorthy Collins	Same
18. 754,51		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION E	Н	Palerina	4/2045
(This does not mean the mode heart failure, asthenia, etc. 11 mea		WEG MONIA	
injury or complication which cous	ed deoth.)	NGENITAZ HEART	Discon Bisty
ANTECEDENT CAUS	DUE TO	JUGE MENT G	17543 1711614
DISEASES OR CONDITIONS, in			
UNDERLYING CONDITION Iosi.			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE	اد	
19A. DATE OF OPERATION 198. CO	ONDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES	S, WERE FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (natify medical examined)	218. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in ar about 21C. WHERE DID (If in office bldg., INJURY OCCUR?	Baltimore City, give exact locolian)
21D. TIME (Manth) (Day) (Yes		21F. HOW DID INJURY OCCUR	?
(APPROX.)	While At Work At Work		
22. I certify that (I) (this hospit	ol) ottended the deceosed from	12-12 1965 to	12-14/ 1965
that (I) (we) lost sow the decea	sed olive on 12-	12/ 19 65 and that in (my)	our opinion death occurred on the dat
	toted obove. (1) (We) (did) (dld not)	view the body ofter death.	
23A. SIGNATURE	///// M.D. Att	ending Med. Staff	23B. DATE SIGNED
23 C. PHYSICIAN'S	Meg Ph	23D. ADDRESS	12-1-65
NAME (Type)	M.D.	//	y Hearta
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR		(City, tawn, or caunty) (State)
BUNG (Specify)	-105 hitealand	Coal Bins	As mo
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
DEC 1 5 1965 R.O.	FR. January 0	1 3 8 4	V
/S 150-REV. 1/1/65			



NAME OF DE		7 7 7 7				
ype or riinii	CEASED			2. DATE AN	D HOUR PRONOUNCE	D DEAD
	BLANC	CHE	WILLIAMS		12/15/65	7:20 a.
PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tútion: residence before odmissio
				A. STATE Maryland	B. COU	MIT.
OSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (If outsice	le corporate limits, write	RUBAL and give township)
STITUTION				Baltim		K-10
				D. STREET ADDRESS (If rural		0 000
	1040 W. Frank	lin St.				
SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	Franklin 9. AGE (In years	If Under 1 Yr. If Under 24 H
female	colored		IVORCED (specify)	^ /	los Bayth doy	Months Doys Hours Min.
				Couguet 10-18	12	
	CUPATION (Give kind of world working life, even if retired)	HOB KIND OF	BUSINESS OR INDUSTI	RY II. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
				1201001mre-	mex	
FATHER'S NA	ME	1		14. MOTHER'S MAIDEN NAM	E	
	A. 11/10	1/1/11	1	She Lith	P	
WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	1	ADDRESS
s, no or unknow	n) (If yes, give wor or dote	s of service)	SECURITY NO.			
- ~	no				Library Control	
18.	70 X1		CAUS	E OF DEATH		INTERVAL BETWEEN
DISCA						ONSET AND DEAT
DIZEN	ASE OR CONDITION DI LEADING TO DEATH				1	
(This does	not meen the mode of		Metasta	tic carcinoma of	breast	
heort foilure	e, osthenio, etc. It meons	the discose,	DUE TO			
infury or co	omplication which coused	deoth.)				
	ANTECENDENT CAUSE	ES				
	OR CONDITIONS, IF A		DUE TO	***************************************		
RISE TO TH	HE ABOVE CAUSE (A) S'	TATING THE				
	INO CONDITION LASI.		(C)	***************************************		
OTHER SIC	ll ll					
OTHER SIC	SNIFICANT CONDITIONS	CONTRIBUTIN	G			
TO THE	DEATH BUT NOT RE	LATED TO TH				
	F OPERATION 198, CON		/UICH OBERATION	TOOL ALITOREYS (Van an Na)	DAG 15 VEC MERE SIA	IDINGS CONSIDERED
IYA. DATE O	WAS PER		HICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	
				no		
10	AL CALICE WAS	218, P	LACE OF INJURY le.g.	in or obout 21C. WHERE DID	(If in Boltimore City, give	and the state of t
21 A. EXTERNA						e exoct locotion)
21 A. EXTERNAL UNDERLYING	OR CONTRIB-	home,	torm, toctory, smeet,	office bldg., INJURY OCCUR?		e exoct locotion)
UNDERLYING UTING CAL	OR CONTRIB-	etc.)			URV OCCUPA	e exoct locotion)
UNDERLYING UTING CAL	OR CONTRIB-	r) (Hour) 21	E. INJURY OCCURRED		URY OCCUR?	e exoct locotion)
UNDERLYING UTING CAL	OR CONTRIB-	r) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	e exect locohon)
UNDERLYING UTING CAU 21 D TIME OF INJURY (APPROX.)	OR CONTRIB- USE OF DEATH. (Month) (Doy) (Yeo	r) (Hour) 21	E. INJURY OCCURRED	WHILE NORK	URY OCCUR?	e exect locotion)
UNDERLYING UTING CAU 21 D TIME OF INJURY (APPROX.)	OR CONTRIB-	r) (Hour) 21	E. INJURY OCCURRED	WHILE NORK	URY OCCUR? Is bosis, death in m	
UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. I cei	OR CONTRIB- USE OF DEATH. (Month) (Doy) (Yeo	(Hour) 21	E. INJURY OCCURRED HILE AT NOT ORK AT	WHILE NORK	Is bosis, death in m	y opinion
UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. I cei	OR CONTRIB- USE OF DEATH. (Month) (Day) (Yea	(Hour) 21	E. INJURY OCCURRED HILE AT NOT ORK AT	WHILE ON OND INJUNE ON OND THE ONE ON	Is bosis, death in m	y opinion
UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. I cei	OR CONTRIB- USE OF DEATH. (Month) (Doy) (Yeo	(Hour) 21	E. INJURY OCCURRED HILE AT NOT NOT ORK AT NOT STORE AT Society Suici	while work on the property of the control of the co	Is bosis, death in m Undetermined manne	y opinion
UNDERLYING UTING CAI 21 D TIME OF INJURY (APPROX.) 22. I cei	OR CONTRIB- USE OF DEATH. (Month) (Doy) (Yeo	(Hour) 21	E. INJURY OCCURRED HILE AT NOT NOT ORK AT NOT STORE AT Society Suici	WHILE ON OND INJUNE ON OND THE ONE ON	Is bosis, death in m Undetermined manne	y opinion ir D DATE SIGNED
UNDERLYING UTING CAI 21D TIME OF INJURY (APPROX.) 22. I cer	CONTRIBUSE OF DEATH. (Month) (Doy) (Yeo rify that I held an I lited from: Natural co	(Hour) 21	E. INJURY OCCURRED HILE AT NOT NOT ORK AT NOT STORE AT Society Suici	while work on the property of the control of the co	Is bosis, death in m Undetermined manne (AMINER	y opinion
21 D TIME OF INJURY (APPROX.) 22. I cer Fesu ACTUA SIGNAT EXAMII	OR CONTRIB- USE OF DEATH. (Month) (Doy) (Yeo retify that I held an I wited from: Natural co NAL TURE WELL NER'S (Type) Werner U	nquiry uses X A	E. INJURY OCCURRED HILE AT NOT NOT ORK AT NOT STORE AT Society Suici	wHILE 21F. HOW DID INJ	Is bosis, death in m Undetermined manne (AMINER	y opinion ir D DATE SIGNED
UNDERLYING UTING CAI 21 D TIME OF INJURY (APPROX.) 22. I cei resu ACTUA SIGNAT EXAMII NAME (A. BURIAL CRI	CONTRIBUSE OF DEATH. (Month) (Doy) (Yeo rify that I held an I held from: Natural contribution in the cont	Inquiry Uses X A	E. INJURY OCCURRED HILE AT NOT AT TO THE AT NOT AT TO THE AT TO T	while on the de Homicide CHIEF MEDICAL EXASSISTANT MEDICAL EXASSOCIATE MEDICAL EXASSOC	Is bosis, death in m Undetermined manne (AMINER AMINER X XAMINER X	y opinion ir D DATE SIGNED
UNDERLYING UTING CAI 21 D TIME OF INJURY (APPROX.) 22. I cei resu ACTUA SIGNAT EXAMII NAME (A. BURIAL CRI	CONTRIBUSE OF DEATH. (Month) (Doy) (Yeo rify that I held an I held from: Natural contribution in the cont	Inquiry Uses X A	E. INJURY OCCURRED HILE AT NOT	while on the de Homicide CHIEF MEDICAL EXASSISTANT MEDICAL EXASSOCIATE MEDICAL EXASSOC	Is bosis, death in m Undetermined manne (AMINER AMINER X XAMINER X	y opinion TO DATE SIGNED 12/15/65
DUNDERLYING UTING CAI 21 D TIME OF INJURY (APPROX.) 22. I cei resu ACTUA SIGNAT EXAMII NAME (A. BURIAL CRI MOVAL (Speci	CONTRIBUSE OF DEATH. (Month) (Doy) (Yeo retify that I held an I willed from: Natural control of the control of	Inquiry Spitz	E. INJURY OCCURRED HILE AT NOT	white on the de homicide CHIEF MEDICAL EXASSISTANT MEDICAL EXASSOCIATE MEDICAL EXASSOC	Is bosis, death in m Undetermined manne (AMINER XAMINER XAMINER OCATION ICity,	DATE SIGNED 12/15/65 town, or county (State)
OUNDERLYING UTING CAN TIME OF INJURY (APPROX.) 22. I cer Fesu ACTUA SIGNAT EXAMI	CONTRIBUSE OF DEATH. (Month) (Doy) (Yeo retify that I held an I willed from: Natural control of the control of	Inquiry Uses X A	E. INJURY OCCURRED HILE AT NOT	while on the de Homicide CHIEF MEDICAL EXASSISTANT MEDICAL EXASSOCIATE MEDICAL EXASSOC	Is bosis, death in m Undetermined manne (AMINER XAMINER XAMINER OCATION ICity,	y opinion TO DATE SIGNED 12/15/65
ACTUAN SIGNATE EXAMILE AND BURIAL CRIEMOVAL (Specific ALL)	CMONTRIBUSE OF DEATH. (Month) (Doy) (Yeo retify that I held an I wited from: Natural control of the control of	Inquiry Spitz	E. INJURY OCCURRED HILE AT NOT	white on the de homicide CHIEF MEDICAL EXASSISTANT MEDICAL EXASSOCIATE MEDICAL EXASSOC	Is bosis, death in m Undetermined manne (AMINER XAMINER XAMINER OCATION ICity,	DATE SIGNED 12/15/65 town, or county (State)
UNDERLTING UTING □ CAI 21 D TIME OF INJURY (APPROX.) 22. I cei resu ACTUA SIGNAT EXAMII NAME (A. BURIAL CRI MOVAL (Speci	CONTRIBUSE OF DEATH. (Month) (Doy) (Yeo retify that I held an I willed from: Natural contract Natural Contr	Inquiry Spitz	E. INJURY OCCURRED HILE AT NOT	white on the de homicide CHIEF MEDICAL EXASSISTANT MEDICAL EXASSOCIATE MEDICAL EXASSOC	Is bosis, death in m Undetermined manne (AMINER XAMINER XAMINER OCATION ICity,	DATE SIGNED 12/15/65 town, or county) (Stote)

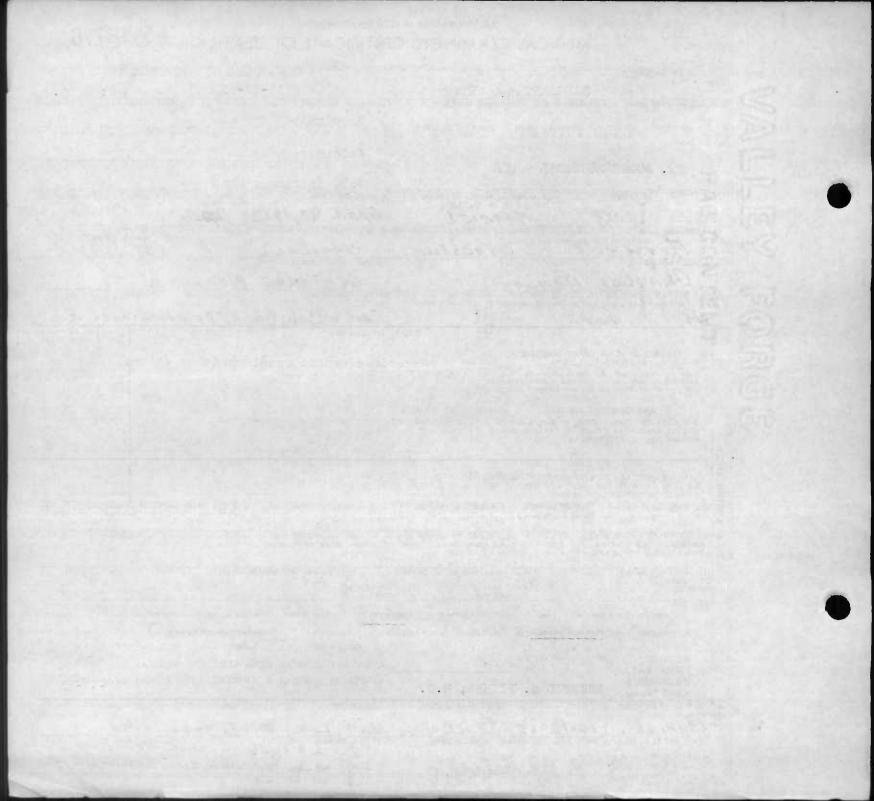
FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			BALTIMORE CITY	HEALTH DEPAR	RTMENT			46
BIRTH NO.	65 12	775	CERTIFICA	TE OF DE	EATH	Registered Na	65 1277	75
M.E. CASE NO.	CEASED HAR	Y CONR	AD ZULAUF)		2 DATE AND	HOUR OF DEATH	u	
49 81 41		HARRY				13/65	2 3	5
	ATH IN BALTIMORE MA		- CO 77 77 77				institution: residence bet	fore odmission)
				A. STATE	B. COUNTY		0	001111111111111111111111111111111111111
FULL NAME		or institution, g	ive street	MD			1-07	
HOSPITAL OR						le city limits, write		ship)
UNION	MEMOR	IAL	JATIASON	BALTI	MORE	- 2/2 ol, give locotion)	18	
Di io				D. STREET ADD	RESS ()f rure	ol, give location)		
			Carlotte and the	2814	ALKI	NEDA		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRT	Η 9.	AGE (In years t birthdoy)	If Under 1 Yr.) If Months: Doys Ho	Under 24 Hrs.
M	W	WIDOWED	, DIVORCED (specify)	9 177	76 103	O G	Monms Doys Ho	urs Min.
IOA. USUAL OCC	CUPATION (Give kind of world	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF	
	working file, even if retired)			40.00	RYLAD	10	WHAT COUNT	
CLER	, v . ,		BALTIMORE	1			USF	/
3. FATHER'S NA		-		14. MOTHER'S A	AAIDEN NAME			,
CONR	AD ZULA	41		WILHEL	MINA	FLECK	ENSTEIN	
5. Wos Deceoses	d Ever in U. S. Armed For	rces?	1 6. SOCIAL					
Yes, no or unknow	n) (If yes, give wor or dote	es of service)	SECURITY NO.	NORMANT			944 BOLTO	
UNK	NO	213	05 6766	SOMMr.	Edward	. C. Zulah	BECKLIDGE,	1=2 A
18.	9/11		CAUSE O	DEATHO 04	Ridge	Top Rd	Richmondyay	ELMEEN
DISEA	SE OR CONDITION DI	RECTLY		61	,			DEATH
	LEADING TO DEATH		(A)	mond	ro pne	umonly	9	
	nal meon the mode of		DUE TO				A	
	, aslhenia, elc. It means mplicalian which coused							
	ANTECEDENT CAUSES		(B)					
			DUE TO			÷		
	OR CONDITIONS, if the above couse (A)	(C)			8/2			
UNDERLYIN								
OTHER SIGN	I)F)CANT CONDITIONS (ONTRIBUTING	;					
	DEATH BUT NOT RELA							
19A. DATE O	F OPERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPS	Y? (Yos or No)	20B. IF YES, WER	E FINDINGS CONSIDER	ED
19A. DATE O	WAS PER	FORMED		VES		IN CERTIFYING C	AUSES OF DEATH?	
U 21A ACCIDE	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WI	HERE DID	(If in Boltim	bro City, give exect loca	ation)
OR CONTRIB	UTING CAUSE OF	home	e, form, foctory, street, of	fice bldg., INJURY	OCCUR?		,, g	
U	y medical examinar	eica	4					
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HO	OM DID INJUR	Y OCCUR?		
(APPROX.)		Whil	e Al Work					
22 1	d . (1) (d : 3				10	1-	2/.2	
	y that (1) (this hospita		. 7 / 1 7			65 to 1	R. J. 1.3	19 65
that (I) (we))last saw the decease	ed alive on	12/13	19 6	and that	in (my) (aut) a	pinion death occurre	d an the date
and haur an	nd from the causes sta	ted abave. (I)	(We) (did) (did nat) v	lew the bady at	fter death.			
23A. SIGNAT							23B. DATE SIGNED	
00		90	M.D. Atto	nding M	Ned. St	off	12/13/6	· -
h	arles	Dros	Phy Phy	s. U Di	irector Ph	ys.	12/13/6	, 0
23C. PHYSICIA			· ·	23D. ADDRESS				
CHA	RLES S. BRO	NWO	M.D.	UNION	MEN	ORIAL	HOSP	
AA. BURIAL CRI	EMATION, 248. DATE		ME of CEMETERY of CRE	MATORY	24D. LOC	ATION	City, town, or county)	(Stoto)
REMOVAL		1111	W 22-					
BURIAL		1 1	Woodlawn			oodTawn	Maryland	
ZSA. DATE REC'E	BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERA		P & CONT	ADDRE C TNC	22
prn 15	1965 A D. 1-	P Front	M5 0	перл	TOUNDE	R & SON	D INU.	
VS 150-REV. 1/1/	/65			DAL	I WHO HE	MAHYLAN	D ELZI3	

) , = - ^ - /

65	12776		BALTIMORE CITY HEA	LTH DEPARTM	ENT		CE 40mm	
BIRTH NO.	MEDI	CAL EX	CAMINER'S C	ERTIFICA	ATE OF	DEATH Regis	12776 12776	
M.E CASE NO.								
1. NAME OF DE	CEASED				2. DATE AN	ND HOUR PRONOUN	ICED DEAD	
Type or runn	MARGA	RET M.E.	WELSH		12.	-13-65	18:30	A. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RE	SIDENCE (Where	deceosed lived. If in	stitution: residence before o	
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Mary.		de comprete limite w	nite RURAL and give towns	hio)
HOSPITAL OR	ADDRESS OR LOCA	TION)				de corporote atalias, wi	4 1 1	пъ
0.77	A CANDO TO CONTENA	7 704		Balt	DDRESS (If rurol	adva la satisa)		
ST.	AGNES HOSPITA	L - DOA			Benzinge			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF B		9. AGE (In year	s If Under 1 Yr. If Under	
Female	White		DIVORCED (specify)	ApriL	23,192		Months Doys Hours	Min.
	CUPATION (Give kind of work				E (State or forei		12. CITIZEN OF	<u> </u>
done during most of	working life, even itretired)	D	4Estic	Ms.	RYLAND		WHAT COUNTRY?	
13. FATHER'S NA		200	723712		MAIDEN NAM		9-0,11	
Ch	TALES RA	45411		GEI	etrude	Norwa	and	
15. WAS DECEAS	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMAN		, // 0/ 00	ADDRESS	
	n) (If yes, give wor or dote	s of service)	SECURITY NO.	5.	. , 1 0			01
NO IB.	NONE				ELSh, S	R. 33/40	BENZINGER /	
16. 4	22.11		CAUS	E OF DEATH			ONSET AND	
DÍSE	ASE OR CONDITION DI			. 1		3	12	
(This does	LEADING TO DEATH		(A) Arte	rioscier	otic care	diovascular	alsease	
heart failur	e, osthenio, etc. It means omplication which caused	the disease,	DOE 10					
	ANTECENDENT CAUSE		(B)	***********				
RISE TO T	OR CONDITIONS, IF A		DUE TO					
	ING CONDITION LAST.		, (C)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<u> </u>	11							
	SNIFICANT CONDITIONS							
T DISEASE	DEATH BUT NOT REI		HE					
	F OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTO	PSY? (Yes or No		FINDINGS CONSIDERED	
0	WAS PER	FORMED		Y	es	IN CERTIFYING CA		
₹ 21 A. EXTERN	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C	WHERE DID			
	USE OF DEATH.	home etc.)	, form, foctory, street,	office bldg., INJ	URY OCCUR?			
Z 21D TIME	(Month) (Doy) (Year	r) (Hour) 2	TE. INJURY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?		
OF INJURY			WHILE AT TO NOT	WHILE _				
22,		m. V	WHILE AT NOT	VORK				
	rtify that I held an I	nquiry 🗌	Inspection A	tapsy X	and that an th	nts basis, death in	n my apinian	
resi	alted frams Natural car	uses X	Accident Suicio	le Hom	icide 🗌	Undetermined mar	nner 🗌	
		//		CHIEF	MEDICAL E	XAMINER X		
ACTU	_ 1/ 1/ 1/ 1/	Fish	-	ASSISTANT	MEDICAL E	XAMINER -	DATE SI	GNED
SIGNA	NED'S				MEDICAL E			(=
NAME	(Type) KUSSELI	L S. FIS	SHER, M.D.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12-13-	0.5
23A, BURIAL CR		23	C. NAME OF CEMETERY	or CREMATORY	23 D.	LOCATION (C	ity, town, or county)	(Stote)
BURI		-65	BALTIMORE	NATI	oNAL I	BALTIMOR	E. Md	
	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUN			L HOADDRESS	
DEF 1	5 1965 12 0	LO Z	1. 48	GEO	L. Schwi	hiller 31	of fulnicks	ire.
VS 151-REV. 1/1	1/65	1 - 7:03	3 3 0 1	- And	0 0	3.72		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	CORPORATION OF THE CORPORATION O
	CERTIFICATE OF DEATH Registered No. 65, 12777
1, N	AME OF DECEASED OF Print) Warie Ethel O'Connon 2. DATE AND HOUR OF DEATH 12 55 P.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY A. STATE A. STATE B. COUNTY
Ė	AULL NAME OF (If not in hospital or institution, give street oddross or location) OSPITAL OR oddross or location) OSPITAL OR TOWN (If outside city limits, write RURAL and give township)
	D. STREET ADDRESS (Il rurol, give location)
2	EX [6. RACE , [7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH/ 9. AGE (In yours If Under 1 Yr. , If Under 24 Hr.
F	enale white Marrie of 9/8/93 lost birthdoy 72 Months Doys Hours Min.
A.	JAILO CCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of Groign country) 12. CHTIZEN OF WHAT COUNTRY? PAIES /Ady Theater Candy Counter But i more, Md,
3. 1	FATHERS NAME
	Was Deceased Ever in U. S. Armed Forcos? 16. SOCIAL 17. INFORMANT ADDRESS
08	SECURITY NO. 216288129 William J. O'Connor 4528 Kausek 1
	18. 332 XI CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) Cerebral Vascular Thrombosis 11/3/65-13/11
	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,
	injury or camplication which caused death.) ANTECEDENT CAUSES (8)
	DISEASES OR CONDITIONS, if any, giving
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION tost.
	11
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21°C. WHERE DID (If in Boltimoro City, givo exact location)
CAL	OR CONTRIBUTING CAUSE OF Control
ō	21D. TIME (Month) (Doy) (Your) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
2	(APPROX.) While AI AI Work AI Work
	22. I certify that (this hospital) attended the deceased from 1/3/65 to 2/19/65
	that (we) last saw the deceased alive an
	and haur and from the causes stated above. (We) (did) (discount) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED Attending Mod. Director Phys. D
	23E. PHYSICIANS NAME Hypo) 23D. ADDRESS
	DR. HARRÝ J. BROWN M.D.
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
2SA	DUVIZI 15 Nec 65 PEEN MOUNT COM. DE 160, 1111 ADDRESS. DATE REC'D BY HEALTH DEPT. 256, DATE OF REGISTRAN 256, DUNERAL DIRECTOR 12.
	DEC 15 1965 R. O. M. E. Francis O D 1 Depute Board Home 3631 Falk 18

Junean mount

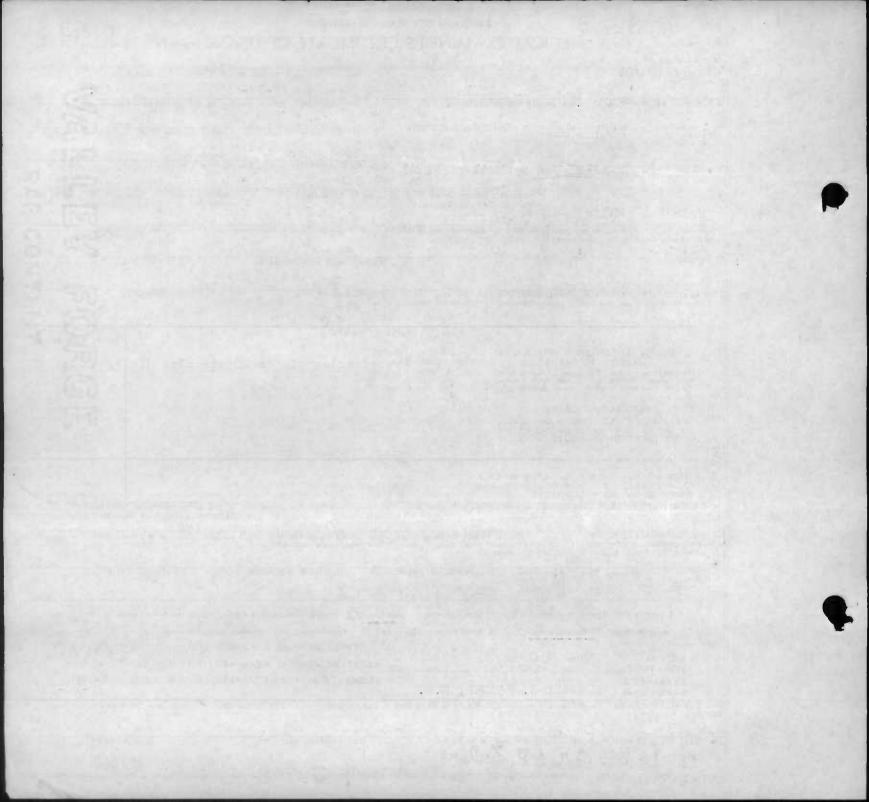
VS 150-REV. 1/1/65

Such

	BALTIMORE CITY	HEALTH DEPARTMENT
	BIRTH NO. M.E. CASE NO. 65 12778 CERTIFICA	TE OF DEATH Registered No. 65 42770
	I, NAME OF DECEASED	2, DATE AND HOUR, OF DEATH
	(Type or Print) RACHAEL O'ROLIRKE	12/12/65 1 1 7 0
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
		A. STATE /8. COUNTY
1	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CLX OR JOWN (If outside city limits, write RURAL and give township)
1	INSTITUTION	13 14.100
-	1 11 00 Ac +	D. STREET ADDRESS (If rural, give location)
	Amai Hosps of Ballo Inc	5922 Smith / tvenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	Founde (A) (widowed, Divorced (specify)	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	dane during mast of working file, even it retired)	MHAT COUNTRY?
	Housewife	11/2/4/200
	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
	TYANK DACON	Illary Londeree
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no grupknown) (Iff yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	1/2 -	Thomas Collourke 5922 Smith Au
	18. 44.2 0 . / I CAUSE C	F DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	ute Myocardial Infarction 1 days
	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease.	
	injury or complication which caused death.)	do indite Colonial 734
	ANTECEDENT CAUSES	Henewy Anguo Schoole 25 cgs.
	DISEASES OR CONDITIONS, if any, giving	Cardio-Vasc. austase
	rise to the above cause (A) stating the (C)	APPARA A A A A A A A A A A A A A A A A A
	11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	0
		20 A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	E 2 /me	des
	OR CONTRIBUTING CAUSE OF home, form, factory, street, 6	n. or. about 2C. WHERE DID (If in Boltimore City, give exact location)
	TO DEATH (notify medical examiner) . ((a)	
	Q 21D, TIME (Manth) (Pay) (Year) (Hour) 21E INTERED	21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) While At Not Whi Wark At Wark	
	22. I certify that (this hospital) attended the deceased from	12/12/
	that (we) last saw the deceased alive an 12/12-	19 and that in () (aur) apinian death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (dtd-not)	
	23A. SIGNAPURE M.D. AH	ending Med. Stoff 5
	Phy	s. Director Phys. L
	23C. HISICIAN'S NAME (Type)	23D. ADDRESS
	M.D.	Sinai Hosp, of Ballo, Inc.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 240 LOCATION (City, lown, or county) (State)
	Buriel 16 Dec 65 Druid Ridge	Com P. Kesulla M.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	CONTRACTOR OF THE STATE OF THE
	2007	250 FUNERAL DIRECTOR ADDRESS

A see they of Easte for 112 Smith Trush white Merne Altery land 11-11 Buch Acute Hypranted Sylander 1 -May bearing Arthur Shirt for the server Time House of Buller The

BIRTH NO.	MEDI	CAL EX	KAMINER'S C			OFATH Regist	ered Na.	779
M.E. CASE NO.								
1. NAME OF DEC	EASED					D HOUR PRONOUNC		
	JOH	N E, F		11.		3-65	12	:35 PM M
FULL NAME OF	MORE MARYLAND, W		UTION, GIVE STREET	Maryla	nd		ne Arundel	
HOSPITAL OR	ADDRESS OR LOCA	TION)	onon, GVE STREET			e carparate limits, writ	le RURAL and give	township)
S	OUTH BALTIMOR	E GENER	RAL HOSPITAL DOA	D. STREET ADD	RESS (If rural,			
5. SEX Male	White		NEVER MARRIED DIVORCED(specify)	APRIL IS	, 1898	9. AGE (In years last birthdoy)	If Under 1 Yr. Months Days	If Under 24 Hrs Hours Min.
	rorking life, even if retired)	CALDO	f BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF WHAT COU	
13. FATHER'S NAM				14. MOTHER'S M	AIDEN NAM	E		
Jose	ph Reip			Cather	ie B	ruewack		
15. WAS DECEASED	O EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT	1		ADDRESS	
Yes	WWII	a di service/	JEGOMIII IIO,	Fum	1/4		Same	
18.	0. 1		CAUSE	OF DEATH			INTER	VAL BETWEEN
DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST G CONDITION LAST. II IIIFICANT CONDITIONS DEATH BUT NOT REL E CONDITION CAUSING	NY, GIVING ATING THE	(B)(C)					
	OPERATION 198, CON WAS PERI	DITION FOR	WHICH OPERATION		? (Yes or No)	20 B. IF YES, WERE FI		ERED
21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	21 B. hame etc.)	PLACE OF INJURY (e.g., e.g., form, factory, street, c	in or obaut 21 C. V	VHERE DID	Yes Of in Boltimare City, g	rive exact location)	
21D TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year		WHILE AT NOT WORK	WHILE	JUNI DIO WC	IRY OCCUR?		
ACTUAL SIGNATU EXAMIN NAME (T	ER'S RUSSELL	S. FIS	Inspection Aut Accident Suicide M.D. SHER, M.D.	CHIEF M ASSISTANT M ASSOCIATE M	de DE LEXEDICAL EX		DAT	TE SIGNED 2-13-65
REMOVAL (Specify)	12-16	-65	Blon Hever	Gm.	6	Les Burnes	md.	(State)
DEC 1		24B. NAME	OF REGISTRAR	Mc Cay	ly turn	l Home 23	7 Pelopses	she was
VS 151-REV. 1/1/6	.5	-	0 0 0	U	177 0		-	0



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			de	_	

Such shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician of the control was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital prior to death. Also, if the direct or contributing cause written approval must be obtained before the remains are embalmed or final disposition is made. deceased prior to death); and (6) No physician was in regular attendance on the deceased

IMPORTANT

FUNERAL DIRECTOR:

				DALIMORE CITT	HEALTH DELAKIMENT		
	I NO.	65	12780	CERTIFICA	TE OF DEATH	Registered No.	5 1.2780
	CASE NO.		KA TOO		DATE AN	D HOUR OF DEATH	
(Туре	ACE OF DEATH II	Vinc	erit Lyc	ous W. VINCENT	LYONS 12-10	-65 re deceased lived. If ins	1/30 A M.
	JLL NAME OF		hospitol or instituti	on, give street	A. STATE B. COUN Maryland	h	9-08
	ospital or istitution Bal		e City Hos	spitals	C. CITY OR TOWN (11 60) Baltimore	side city limits, write R	URAL ond give township)
7	494	O Eas	tern Avenu	ie		rural, give location)	
1			e, Marylar		2010 Homewo		
5. SE		ce White	WIDO	HED, NEVER MARRIED WED, DIVORCED (specify) WER MARRIEP	9-13-1876	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATI during most of workin		ind of work 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or forei		12, CITIZEN OF WHAT COUNTRY?
10 -	RETIRE	D			14. MOTHERS MAIDEN NAM	0. Md.	U.S.A.
13. F	PATRI	c.K	LYON	S	- 1	SULLIUA	N
15. W	os Deceased Ever	in U. S. A		1 6. SOCIAL	17. INFORMANT		ADDRESS
	NO	a, give ii	0. 0. 00.00 0. 00	SECONIII NO.	RECORDS: BCH.	4940 Easter	Ave., #21224
	B. 3 76	XI		CAUSE O		7,7,7	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				Pour tout i		unknows
	LEADING TO DEATH (This does not mean the made at dying, e.g.,					**************************************	
	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)				Barrie	-	Unknower
	ANTECEDENT CAUSES (B) (.) DUE TO				Brouchopneva.	v et 101	0214000
			NS, if any, gives (A) stating				
	UNDERLYING CO			lhe (C)	\$	а 6 dr 2 d 3 d no no 6 d н wa н н н н н н н д д дей д дра тфат н н	######################################
7		- 11					
ATIOI	TO THE DEATH	BUT N		THE GI ho	morthoga?.		
ERTIF	0		WAS PERFORMED	OR WHICH OPERATION	No No	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
-4	2TA. ACCIDENT W OR CONTRIBUTING DEATH (notify medi	CAUS	E OF	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)		(If in Boltimore	City, give exact location)
A C	21 D. TIME (Moi DF INJURY (APPROX.)	nth) (Doy	(Yeor) (Hour)	21 E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
				ed the deceased from			ion death occurred on the date
				e. (I) (We) (did) (did not) v		of in(my) (our) opin	ion death occurred on the date
	3A. SIGNATURE	The Cou	3862 210160 0004	e. (1) (me) (did) (did hot) V	new the body offer deoffi.	+ *·	23 B. DATE SIGNED
	B.	8. 7	- Kana	M.D. After	ending Med. Director	Stoff Phys. of	12-10-65
1	23C. PHYSICIAN'S NAME (Type)	per	116001		23 D. ADDRESS		
	1	Robe	IT R. H	Kent M.D.	Baltimons	city Ho	spitals
24A.	REMOVAL (Specify	ON. 24B.	DATE 240	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	OCATION (CIT	y, town, or county) (Stote)
0.00	BURIAL	- /1	-14-65	CATHEGRAL	-CAMELEY	13ALTO,	Md
25A.	FC 16 19	55 A	O 4 9 3	DE OF REGISTRAR	25C NUMERAL BURECTOR	(len Min)	8444 PEININD
L) L U L U 100	1 0 (a	ACTION IN THE		V. I so were	July July	VITATION

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RECORDS: BCH, 4940 Eastern Ave., #21224

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BALTIMORE	CITY	HEALTH	DEPARTMEN	٨.

	NAME OF DECEASED			OUR OF DEATH	
	Ivan		Dec. 1	4, 1965	12:05 A
3. 1	PLACE OF DEATH IN BALTIMORE, MAI	RYLAND	A. STATE B. COUNTY	ceased lived. If instit	ution: residence belore odmi
		or institution, give street	Maryland)	503
	HOSPITAL OR oddress or location INSTITUTION	1)	C. CITY OR TOWN (If outside	city limits, write RUF	RAL ond give township)
1	3		Baltimore		
-	South Dolta Con	II		give location)	
	South Balto. Gen.		1616 Elkins		
1	Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	June 2. 1918	17	f Under 1 Yr. If Under 2 Aonths Doys Hours A
	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	10 B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of foreign co	ountry)	12. CITIZEN OF WHAT COUNTRY?
	Labor Foreman	Steel Co.	West Vincinia		
	FATHER'S NAME	BOGGT OO	West Virginia 14. MOTHERS MAIDEN NAME	l	USA
	Jesse White		Toomat to D	0 = = 0	
15	Wos Deceosed Ever in U. S. Armed Ford	ces? 16. SOCIAL	Jeanette D	avis	ADDRESS
(Ye	es, no or unknown) (If yes, give was or date:	s of service) SECURITY NO.			ADDAE33
1	No		Mrs. Viola M. Whi	te l	616 Elkins Lan
	18. 420.11		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	ECTLY	te coronary thrombo	aia	4 minute
	(This does not mean the made of	dying, e.g., DUE TO	J was our o	~ ~ W	- minace
	hearl lailure, asthenia, etc. It means injury or camplication which caused ANTECEDENT CAUSES	death.) Art	eriosclerotic C.V.D sclerosis)		9 1/2 yr
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or isse to the obove couse (A) UNDERLYING CONDITION lost.	death.) (B) DUE TO			
ATION	injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or sise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CAUSING IT THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT	death.) APT ((B) DUE TO DUE TO CONTRIBUTING TED TO THE	sclerosis)		
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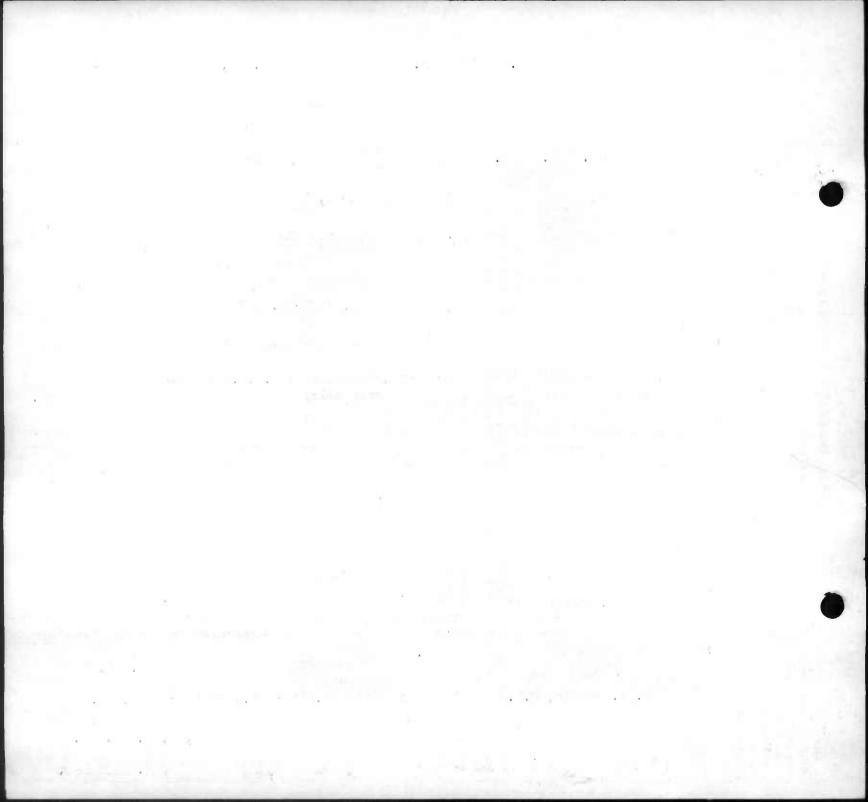
Glen Burnie, A. A. Co. Md.

25C. FUNERAL DIRECTOR

ADDRESS

130 E. Fort Av

130 E. Fort Ave.



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BALTIMORE CITY HEALTH DEPARTMENT Registered No.55 65 12782 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Typo or Print) WILLIAM BUSBY 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where docoosed lived, If institution; residence before admission) B. COUNTY A. STATE MARYLAND PRINCE GEORGE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or tocotion) (If outside city limits, write RURAL and give township) LANDOVER JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) 9021 TAYLOR STREET is mad 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX 6. RACE WIDOWED, DIVORCED (specify) lost birthday 6-6-19 WHITE MARRIED MALE 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) U.S.A. Technician Dental Birmingham, Ala. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DELLA SAYLOR JAMES G. BUSBY 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL or final (Yos, no or unknown) (If yes, give war or dates of service) 421-05-0364 Dorothy J. Busby (above address Mrs. Yes CAUSE OF DEATH 0,01 DISEASE OR CONDITION DIRECTLY med roderna-like lesease LEADING TO DEATH (This does not mean the made of dying, e.g., embal hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO GLO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost, the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID homo, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) DEATH (notify medical examiner) otc.) MEDIC obtained 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work Al Work 22. I certify that (1) (this hospital) ottended the deceased from that (1) (ye) lost sow the deceased alive on. 99 ond that in (my) (pot) opinion death occurred an the date and hour and from the causes stated above. (1) (16) (did) (did not) view the body after death. must 23A, SLOWATURE 23B. DAJE SIGNED Stoff Phy s. M.D. Allonding Med. Phys. Director approval 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) HOSPITAL M.D WILLIAM B. CUTTS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) Fort Lincoln Cemetery 14/65 Colmar Manor, Md. 258. NAME OF REGISTRAR

If Under 24 Hrs.

Hours

ADDRESS

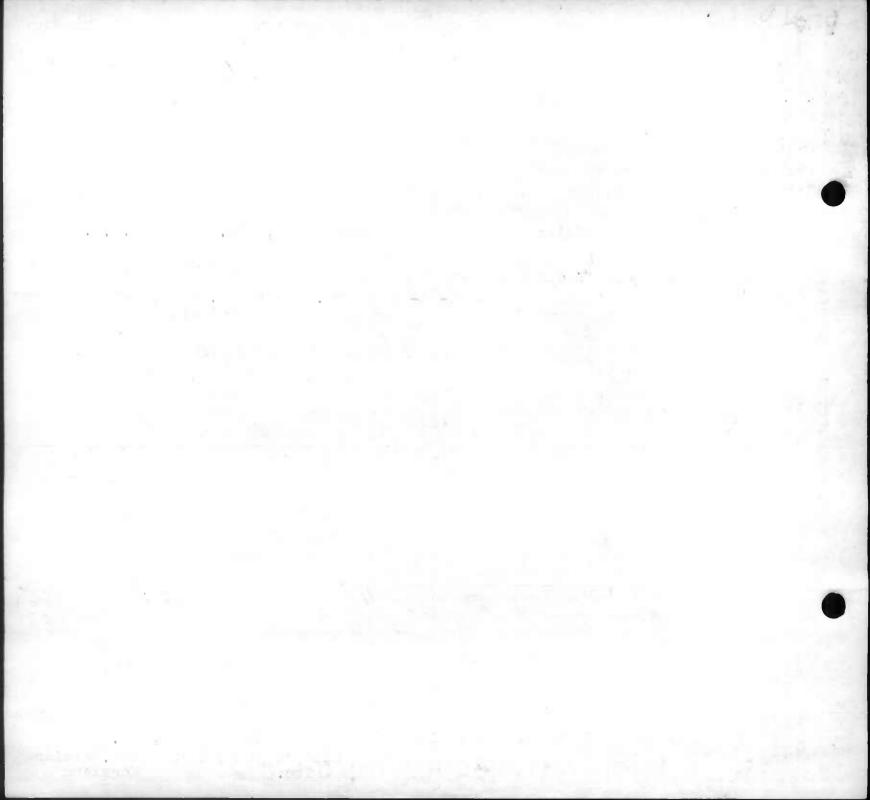
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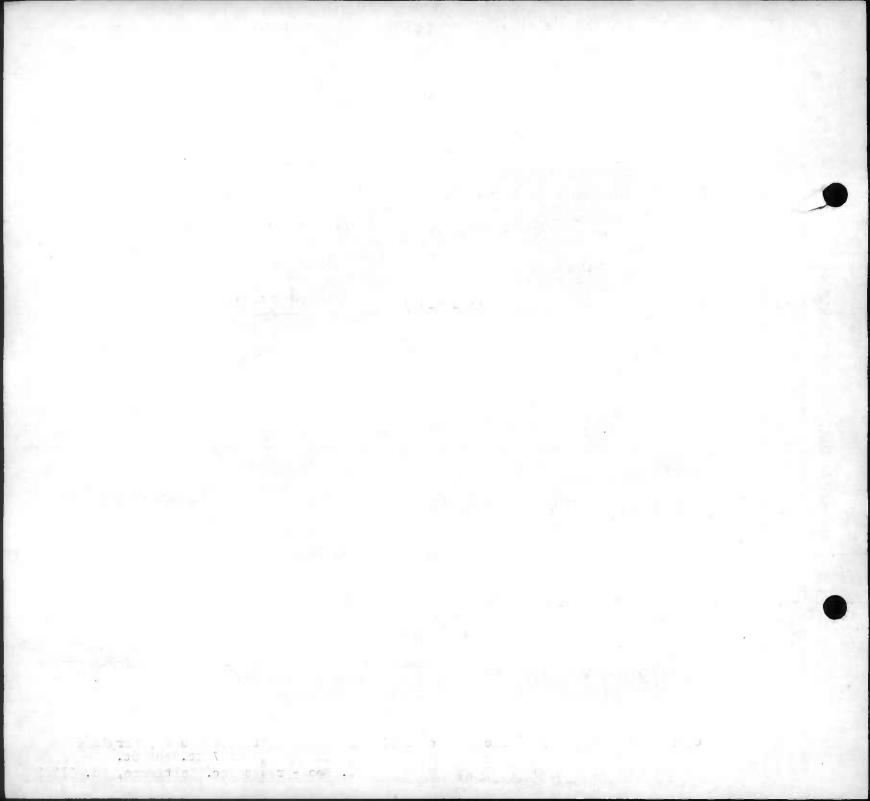
ONSET AND DEATH



by the chief medical examiner or his assistant if death

12783 CERTIFICATE OF DEATH Registered No. BIRTH NO. Such death Deceased on the M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 526 LOHN ESCHE FSKY 12-13-65 hospital of death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Whore doceosed lived, If institution; residence before admission) ance (5) cause (If not in hospital or institution, give streat FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL ond give township) attend cause; INSTITUTION ō MARYLAND GENERAL = prior D. STREET ADDRESS contributing (If rural, give location) HOSPITAL occurred MOVIEW is made. (4) Undetermined in regular AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Undor 24 Hrs. Hours i Min. deceased WIDOWED (specily) Hours lost birthdov Male Caucasian 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working lile, even if retired) Stobe Brewing Co 113A Mary land Mas the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct death O kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS or final (Yes, no or unknown)(If yes, give wor or dotos of sorvice) SECURITY NO. attendance Admission NO 214-01-9359 any pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular examiner. injury ar camplication which caused death.) ANTECEDENT CAUSES who DUE TO Gre DISEASES OR CONDITIONS, if any, giving la the above cause (A) stating the 3 = physician UNDERLYING CONDITION Just obtained before the remains medical physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the 0 INTRACTABLE PAIN 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (2) 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, factory, stroet, office bldg., INJURY OCCUR? where (If in Baltimoro City, give exact location) to the hospital °N MEDICAL DEATH (notily modical examiner) ote) nature; 21 D. TIME (Month) (Doy) (Your) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) and Work At Work any 22. I certify that (this hospita) attended the deceased fram 19 65 10 that (1) ((4) last saw the deceased alive an... 19 65 99 and that In (my) and opinion death accurred on the date of D death) was released hospit must accident 23A. SIGNATURE 23 B. DATE SIGNED certificate must Attending M.D. Med. Stoff prior to deceased prior to written approval Phys. Director 0 23 C. PHYSICIAN'S 23D. ADDRESS at at NAME (Type An M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (State) the body D.0. REMOVAL (Specily) shows: 12/16/65 BY HEALTH DEPT. 2 5 Moreland Memorial Baltimore County, Maryland ECTOR 1217 St. Paul St. ADDRESS Was 25C. FUNERAL DIRECTOR Gook-Brooks Inc. Baltimore, Md. 21202

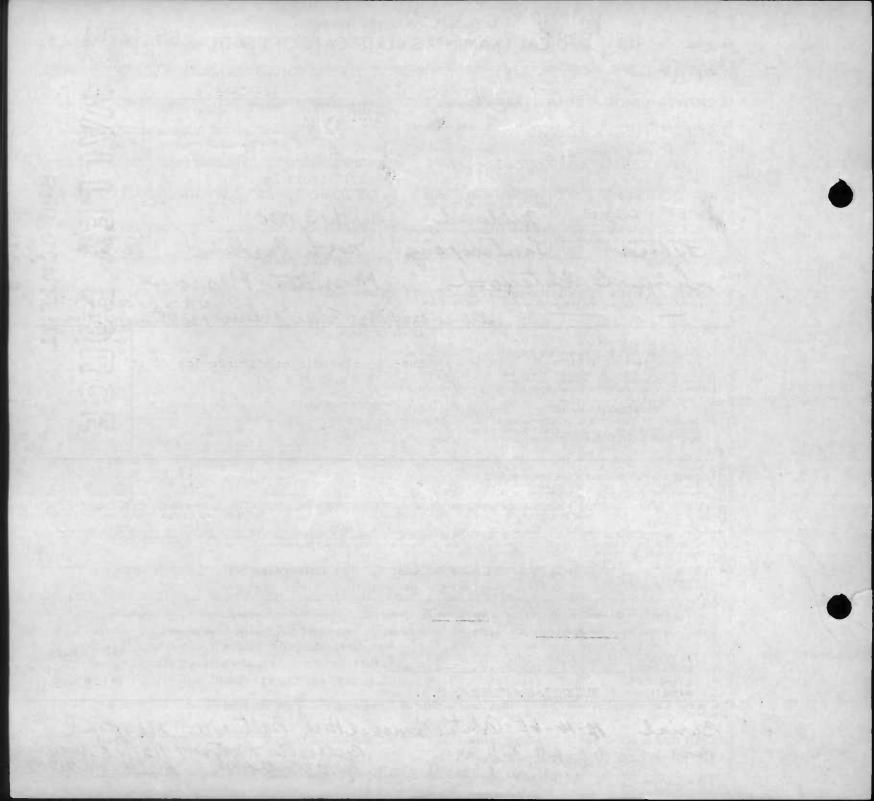
BALTIMORE CITY HEALTH DEPARTMENT



VS 151-REV. 1/1/65

12784 BALTIMORE CITY HEALTH DEPARTMEN

RTH NO.	65 MEB	BALTIMORE CITY HEAD	ERTIFICATE (OF DEATH Register	5 No. 12784
LE CASE NO.					
NAME OF DE	CEASED		2. DA	TE AND HOUR PRONOUNCED	DEAD
	JERI	RY GATEWOOD HERE PRONOUNCED DEAD	4. USUAL RESIDENCE	12-12-65 Where deceosed lived. If institu	8:25 P. N
JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET ATION)	Maryland c. city of town ()	autside corporate limits, write R	(URAL and give township)
FRAI	NKLIN SQUARE	HOSPITAL - DOA	Baltimore D. STREET ADDRESS 2214 Ceci	1 Avenue	1-00
Male	6. RACE Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	Murch 3,	1900 65	If Under 1 Yr, If Under 24 H Months, Days, Hours, Min
	working life, even il retired)	Landscapeny	North	Carolina NAME	12. CITIZEN OF WHAT COUNTRY?
	SED EVER IN U.S. ARMEI		Henriette 17. INFORMANT	tu Parson	DDRESS WELL QUE
s, no ar unknaw	n) (If yes, give wor or dot	- 100	much	5010: 2814	The city of
11B. (=		220-01-0224	OF DEATH	Messuc Bus	timoce, Med ,
DISEASES RISE TO TI UNDERLY	ANTECENDENT CAUS OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.	ANY, GIVING DUE TO TATING THE			
TO THE	GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE			
	WAS PEI	IDITION FOR WHICH OPERATION	No	or No. 208. IF YES, WERE FINE IN CERTIFYING CAUSE	S OF DEATH?
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	218. PLACE OF INJURY (e.g., home, form, loctory, street, etc.)	office bldg., INJURY OCC	DID (If in Baltimore City, give UR?	exoct locotion)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes	WHILE AT INOT	WHILE ORK	D INJURY OCCUR?	
	rtify that I held on	nquiry Inspection X Au	topsy and that	on this bosis, death in my	apinlon
ACTUA SIGNA	AL 80			AL EXAMINER X	DATE SIGNED
EXAMI NAME	NER'S (Type) RUSSE	LL S. FISHER, M.D.	ASSOCIATE MEDIC	AL EXAMINER	12-13-65
A. BURIAL CR MOVAL (Speci Burial	ify) 12-16	-65 Orbutus Mam	or CREMATORY CONTROL Park	Baltimore	Maryland (Stote)
DEC 1	1965 (P. D	248 NAME OF REGISTRAR	34C. FUNERAL DIE	is mortgany	712 -14 8 norde



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	the chief medical examiner or his assistant if death occurred in	al by a medical examiner. Also, if the direct or contributing	; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cau	nere the physician who pronounced death was in regular atte	o physician was in regular attendance on the deceased prior
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	if de	act o	J (4	Was	he
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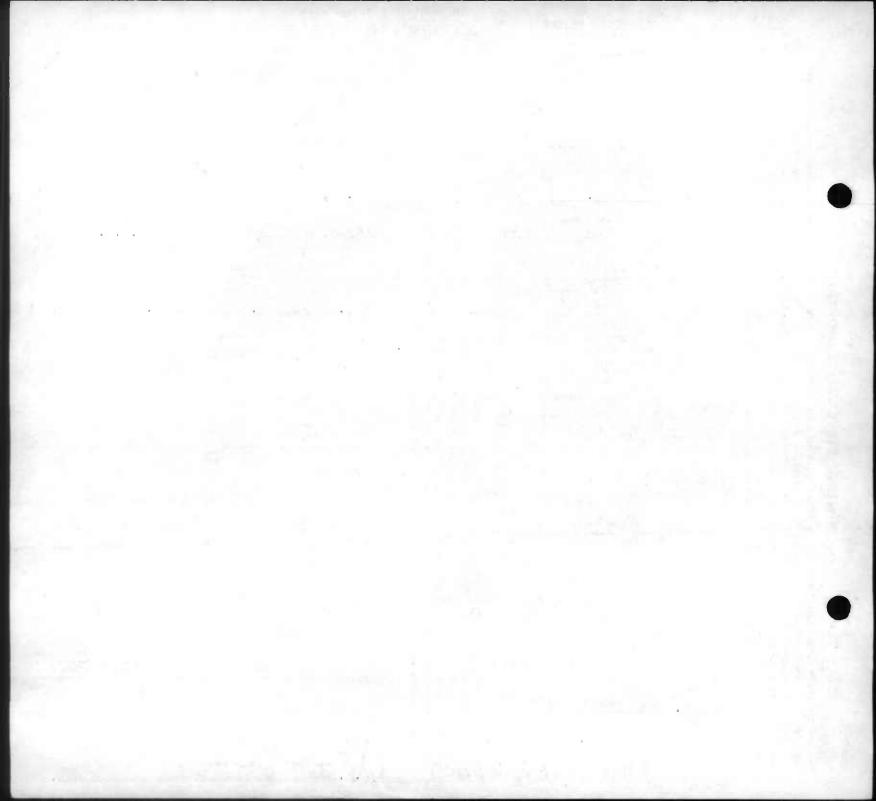
cause; (5) Deceased

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BALTIMORE CITY HEALTH DEPARTMENT 65 12785 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 6 I.EONARD ZITO
3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY FULL NAME OF (If not in hospital or institution, give street MARYLAND HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL INSTITUTION BAITTMORE
D. STREET ADDRESS SINAT HOSPITAL (If rurol, give location) 2547 W. COLD SPRING LANE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) MALE CAUC. SEP. 8, 1906 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. FRUIT & PRODUCE FOOD INDUSTRY TORRAS, LOUISIANA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME SALVATORE ZITO MARTA FIDDUCTA 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 6866 MRS. THERESA M. ZITO 2547 W. COLD SPRING LANE CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or camplication which coused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION Inst. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact facation) MEDICAL DEATH (notify medical examiner) atr 1 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not White While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an NC1) 19 6 and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B DATE SIGNED 12-13-65 Attending M.D. Med. Stoff Phys. Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DR. SEBASTIAN RUSSO
24A. BURIAL CREMATION, 24B. DATE
REMOVAL (Specify) M.D. HARFORD ROAD 24C. NAME OF CEMETERY OF CREMATORY (City, lown, or county) BALTIMORE, MARYLAND BURIAL DEC.14,1965 NEW CATHEDRAL CEMETERY 25C. FUNERAL DIRECTOR 258 NAME OF REGISTRAR ADDRESS LOWETT VS 150-REV. 1/1/65



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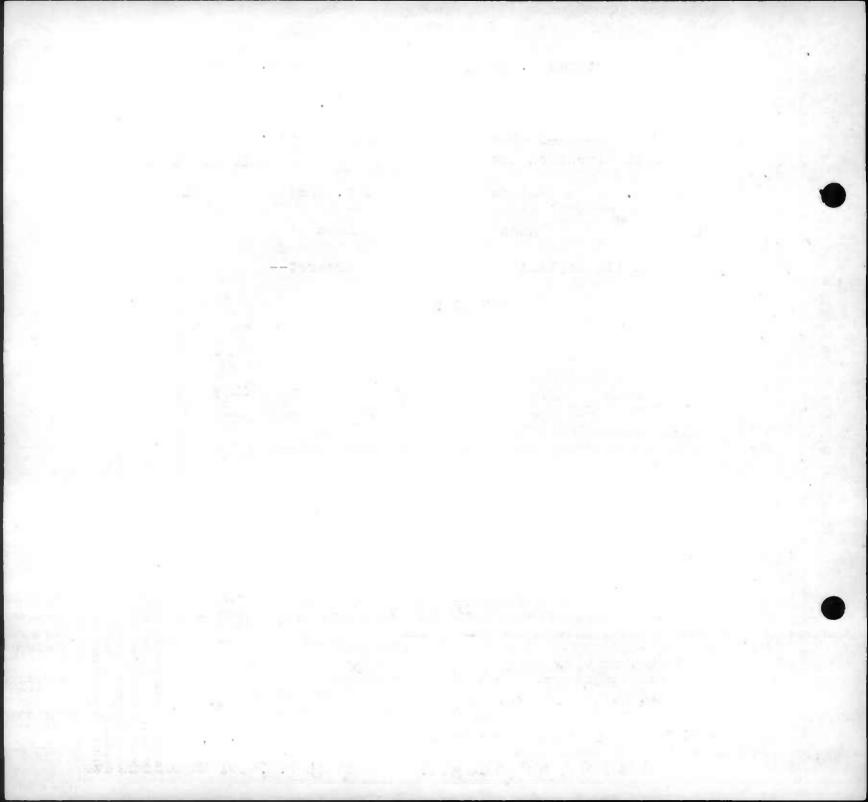
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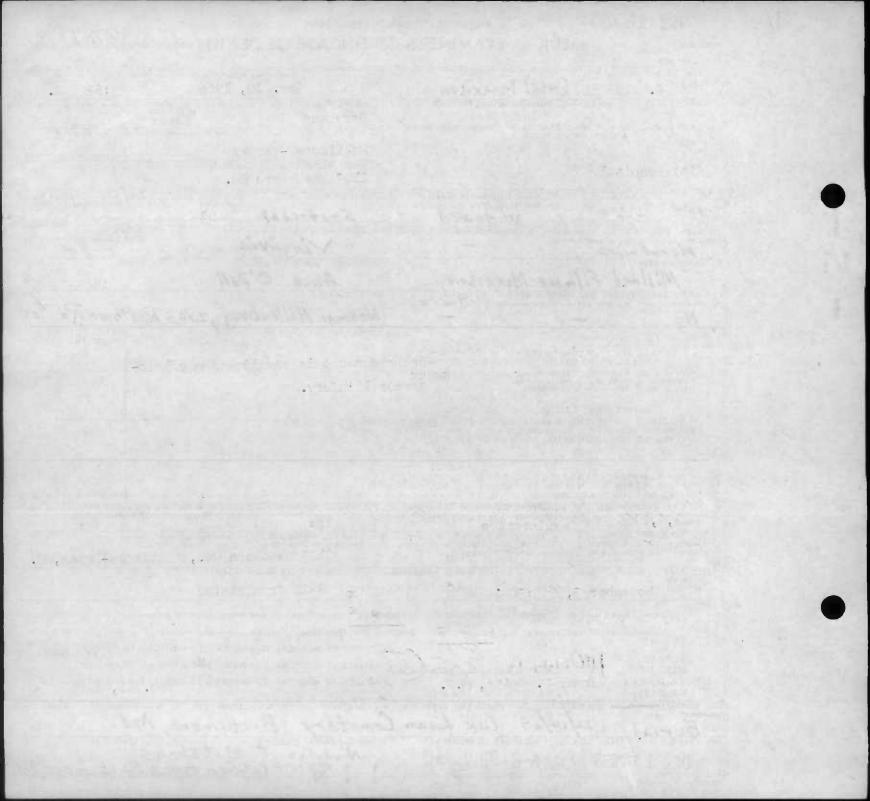
BALTIMORE CITY HEALTH DEPARTMENT RIPTH NO CERTIFICATE OF DEATH Registered No. 65 12786 M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Dec. 13/65 Gertrude F. Essex 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH IN BALTIMORE MARYLAND Md. FULL NAME OF HOSPITAL OR INSTITUTION (Il not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township Balto. Hoods Nursing Home D. STREET ADDRESS (Il rurol, give location) 5313 Edmondson Ave 414 Athol O 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years II Under 1 Yr. Months: Doys If Under 24 Hrs. DE WIDOWED, DIVORCED (specify) Hours 2/84 emale W. 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. B) RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) USA Canada none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin Holland Margaret ---15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 05 9702 CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCURS OF INJURY While At Not While [(APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from Ne en 1965 that (1) (we) last saw the deceased alive on... ond that in (my) (our) opinion death accurred on the date and haur and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending X Med. pproval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type MARK 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY eceased REMOVAL (Specily)

burial Woodlawn Balto. 7. 25C. FUNERAL DIRECTOR Witzke F.D. 4101 Edmondson Ave VS 150-REV. 1/1/65

ADDRESS



VS 151-REV, 1/1/65



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(4) Undetermined cause; (5)

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COUSE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1300 30

M.E. CASE NO.	65	2788 CL
1. NAME OF DECEASED		
3. PLACE OF DEATH IN BALTIN	LAMS	BAB
3. PLACE OF DEATH IN BALTIA	MORE MARYL	ND

								-B. Per # 3	LILI		
			2. DA	TE AN	D HOUR OF	DEAT	Н		- 2		ī
C	1			2/	14/6	6		1 2	35	P.	
12	-			0	1 1 1 1	-		2		0 N	Λ
4.	USUAL	RESID			e deceosed	ived. If	institution:	residence	boforo	odmission!	}
A.	STATE	-	В.	COUN	TY A			1		and the same	

FULL NAME OF HOSPITAL OR

flf not in hospital or institution, give street oddress or location)

CITY OR TOWN (If outside city limits, write RURAL and give township 0

(If rural, give location) D. STREET ADDRESS

OBB STREET 9. AGE (In years

If Under 1 Yr. II Und Il Under 24 Hrs. Hours Min. 48

S HOPKINS

7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specily) NEVER MARRIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or loreign country)

14. MOTHER'S MAIDEN NAME

12, CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

15. Was Doceased Ever in U. S. Armed Forces

6. SOCIAL SECURITY NO.

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

15

done during most of working life, even if retired)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(Yes, no or unknown) (If yes, give wer or dates of service)

(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or camplication which coused deoth.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the

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UNDERLYING CONDITION Iost.

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

that (1) (we) lost saw the deceased alive on.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? IYes or No)

CERTIFICATION 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined)

218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? etc.)

CAUSE OF DEATH

(If in Boltimore City, give exact location)

MEDIC 21 D. TIME OF INJURY LAPPROX.)

(Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED While At Not While [Work

21 F. HOW DID INJURY OCCUR?

22. I certify that (1) (this hospital) attended the deceased from

At Work

ond that in (my) (our) apinion deoth occurred on the date

and haur and from the couses stated above. (1) (We) (did) (did not) view the bady after death.

23A, SIGNATURE M.D.

Attending Med. Phys. Director

1965

Stoll

23 B. DATE SIGNED

23 C. PHYSICIAN'S NAME (Type)

VS 150-REV. 1/1/65

23 D. ADDRESS

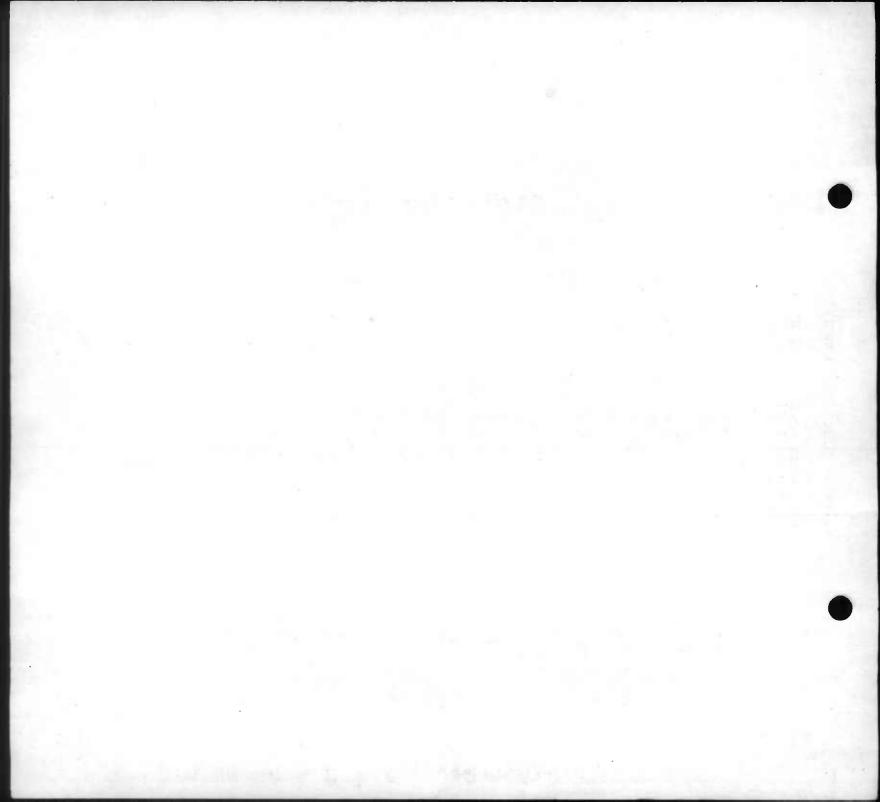
24A. BURIAL CREMATION. REMOVAL (Specify) CREMATION

OPEINS HOSPITAL P

12-15 H DEPT.

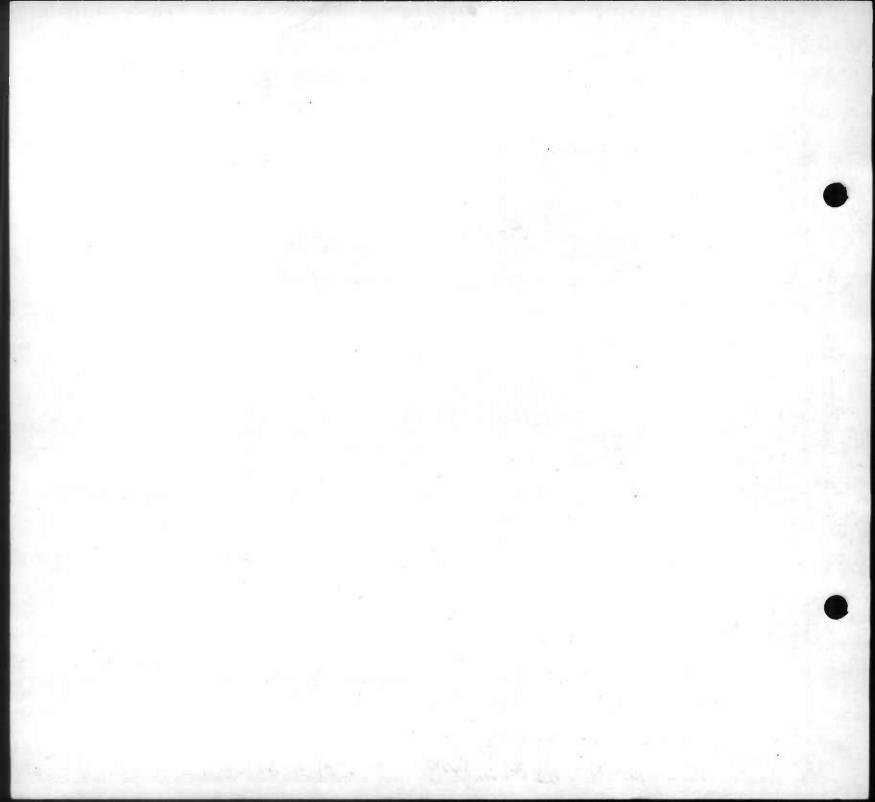
JOIANS H 65 25B.

or final attendance any pronounced of embaimed fracture regular who are 4 3 Ξ here the physician be obtained before the remains the chief medical burns; No physician was Body 0 2 hospital nature; approved by 3 9 (except death); and to the any of hospital released must accident 40 written approval 0 prior MOS to An Ξ deceased o the body shows: MOS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the VS 150-REV. 1/1/65

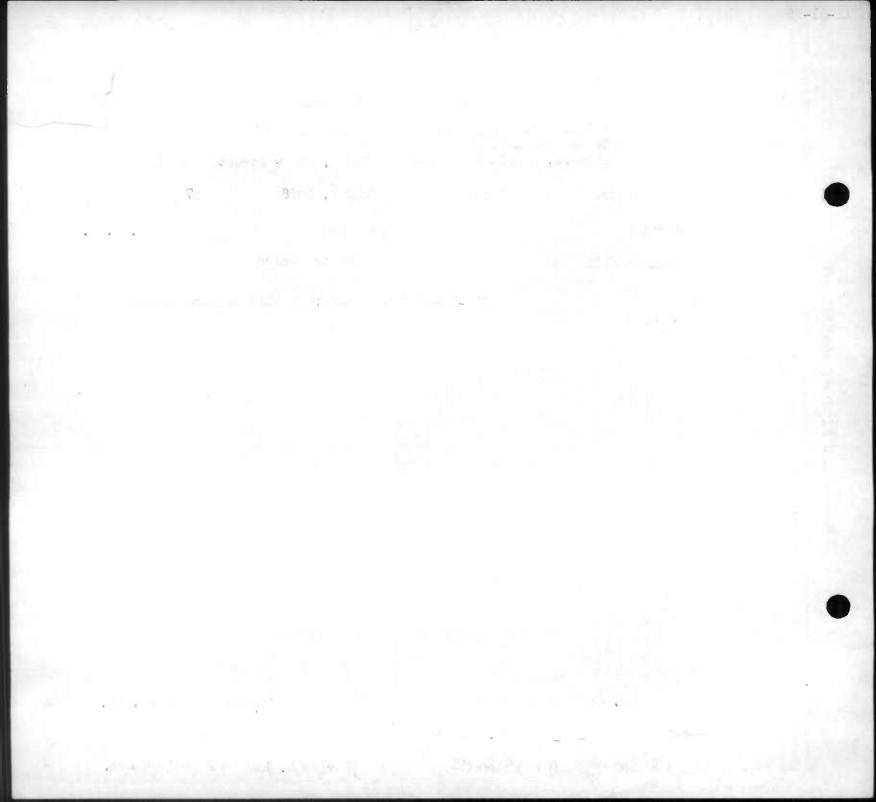
	65 12789	BALTIMORE CITY I	HEALTH DEPARTMENT	6	5 49900
	BIRTH NO.	CERTIFICAT	TE OF DEATH	Registered Na.	55 12789
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	D HOUR OF DEATH	
	(Type or Print) RoberT	FUNN	Dec	13, 1965	16/30 PM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. Il inst	itution: residence before odmission)
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) INSTITUTION	on, give street	C. CITY OR TOWN /IIf outs	ANA lide city limits, write RU	RAL ond give township)
10	1000 W. Lexington	~ 57.	D. STREET ADDRESS (III	urol, give location)	
6			1000 W		
E .		MED, NEVER MARRIED WED, DIVORCED (specily)	DATE OF BIRTH	ost birthdoy)	Months Doys Hours Min.
n is	IOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
tio	Laborer	Alterond	Richmon	d, UA.	U.S. A.
00	13. FATHERS NAME	1	4. MOTHER'S MAIDEN NAM	NE /	
lisp	Unknow		Unknow		
final disposition	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
or f	18.490X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
2	DISEASE OR CONDITION DIRECTLY	110	XI.		C d - C
embalmed	LEADING TO DEATH (This does not mean the made of dying, e	a.a. Alisa	ravien W	48140	2 01811
pal	heart failure, asthenia, etc. It means the disectiniury ar camplication which caused death.)				
E	ANTECEDENT CAUSES	(8)	**************************************		
0	DISEASES OR CONDITIONS, if any, giv	DUE TO			
S ar	rise la lhe above cause (A) slaling UNDERLYING CONDITION last.	The (C)			
in in	II				
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
e the	.3	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	or obout 21 C. WHERE DID	(If in Boltimore (City, give exact location)
	Q 21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
ained	OF INJURY (APPROX.)	While At Not While At Work		1.4-	
opt	22. I certify that (I) (this hospital) attende	Land Comment	7ec 15 1	9 6 2 10	19
pe	that (I) (we) last saw the deceased alive o	n 1266-17	19 and tha	it in(my) (aur) apini	an death accurred on the date
	and haur and fram the causes stated above	o. (1) (We) (did) (did not) via	ew the bady after death.		
E	23A. SIGNATURE	i W M.D. Atten	ding Med.	Stoff [23 R. DATE SIGNED
approval must	Williams K	Phys.	Director	Phy s.	1-10-0)
0	23C. PHYSICIAN'S NAME (Type)	1 1 - 1	D. ADDRESS		10 2 2 2 1
ddı	24A. BURIAL CREMATION, 124B, DATE 124C	NAME OF CEMETERY OF CREA	217 5472	UNGTOI	7. 123 CL 0 110
2	REMOVAL (Specify)	017 1	24D. LO	2 1-1	town, or county) (State)
tte	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	SALTIMOR	ADDRESS
written	DEC 16 1965 A C & Q	66 500	1 2620	Wilson	1500 Brown Jou And



4-7-	-0	
25	ospital and se of death 5) Deceased	ince on the death. Such
	curred in a h ributing caus nined cause; (gular attendo ed prior to made.
-	direct or cont (4) Undetern	h was in reg n the deceas disposition is
IMPORTA	or his assistar Also, if the c re of any kind	nounced deat attendance o Imed or final
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL	the chief med al by a medic (2) Body burr	ere the physic oppysion we fore the rem
•	e approved by to the hospit of any nature	th); and (6) N be obtained b
	This certificate must be as the body was released to shows: (1) An accident of	A. at a hospit prior to deat pproval must
4.4	This certi the body shows: (1	was D.O. deceased written a

44-31-85

	OF 40°	100	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	65 127	730	CERTIFICA	TE OF DEATH	Registered No	5 12790
M.E. CASE NO.	CEASED C.		02.(11.10)		AND HOUR OF DEATH	- 45
(Type or Print)	Dorothy	IXon	· .	12.	-13 - 65	Julien: residence befere admission)
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	814	4. USUAL RESIDENCE (WE A. STATE B. COL	nere deceased lived. Il instit	lutien: residence befere admission)
FULL NAME	OF (If not in hospitel		give street	Maryland		0
HOSPITAL OR	Baltimore		penitale	C. CITY OR TOWN (IF C	outside city limits, write RUI	RAL and give township)
1	4940 Easte				If rural, give lecation)	
	Baltimore,			526 N. Eutaw	Street 2120	1
5. S EX	6. RACE	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH		II Under 1 Yr. II Under 24 Hrs.
Female	Negro	Wid	lowed	July 7, 1908	57	
	CUPATION (Give kind of work of working life, even if retired)	10B. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Domes				Maryland		U. S. A.
13. FATHER'S NA	10			14. MOTHER'S MAIDEN N		
	m Randall			Carrie Hyns	on	
5. Wes Decesse Yes, ne er unknow	ed Ever in U. S. Armed For	ces? s ef service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			212-14-9808	RECORDS: BCH 4	940 Eastern Av	enus 21224
18.	10 X 1		CAUSE C	OF DEATH		ONSET AND DEATH
DISEA	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcinoma of the					
	not meen the mode of		DUE TO	arcinoma		29 genes
	e, osthenio, etc. It meons omplication which coused			breast.		
1	ANTECEDENT CAUSES (B)					
	DISEASES OR CONDITIONS, if ony, giving					
	rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION lost.					
	- 11	1				
E TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA	TED TO TH	G IE			
	R CONDITION CAUSING I	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE O	WAS PER	FORMED		No	IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DENTING CAUSE OF		ne, form, foctory, street, o	in or ebout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Bellimere C	City, give exect lecetien)
21D. TIME OF INJURY	(Menth) (Dey) (Yeer)	(Heur) 216	. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)		W	nile AI Net Whi			
22. I certif	fy that (1) (this hospital) attended t	he deceased from	8-10	19 6 5 to 12	- 13 19 6 5-
that (1) (we	e) last saw the decease	d alive an	12-13	19 6 5 ond	that in (my) (our) opinio	on deoth occurred on the dot
ond hour o	nd from the couses sto	red obove. (1) (We) (did) (did not)	view the body ofter death	1.	
23A. SIGNAT	TURE					3B. DATE SIGNED
1/11	my J.	Lun	Ann. M.D. All		Steff Phys.	12-13-65
NAME				23D. ADDRESS		
	Dr. Jeffrey			4740 Dag veri		ore, Md. 21224
REMOVAL	(Specify)	3.61	AME of CEMETERY of CR			lewn, er ceunty) (Stote)
Burial	12-17-		. Auburn		Baltimore, Mary	
DEC 1	6 1965 (P. P	258 NAME	OF REGISTRAR	Charles R.		son Ave.
VS 150-REV. 1/1		1 0,000		prince to the		



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	BALTIMORE CITY	HEALTH DEPARTMENT	C5 495/04				
BIRTH NO. M.E. CASE NO. 65 12791	CERTIFICA	TE OF DEATH Registe	red No. 65 12791				
1. NAME OF DECEASED (Type or Print) Hodge Richard	NMN	2. DATE AND HOUR OF	65 11. 20 Am.				
3. PLACE OF DEATH INVALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Whore deceased I	ived. If institution: residence before admission)				
FULL NAME OF (If not in hospital or insti	tution, give street	Maryland	9-01				
INSTITUTION		C. CITY OR TOWN (It outside city limit Baltin ne	ts, write RURAL and give township)				
14 The Union Wer	Lovial Hospital	D. STREET ADDRESS (If rurol, give loc	cotion)				
The others		1611 CARSWELL S	7.				
WII	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In y tost birthdo:	ears It Under 1 Yr. If Under 24 Hrs. Month's Doy's Hours Min.				
Male legro	Widowed	9-21-1882 83	12. CITIZEN OF				
done during most of working life, even if retired)	IND OF BOOMESS OR INDOSERI	Marsland	WHAT COUNTRY?				
13. FATHERS NAME			American				
unknown		14. MOTHER'S MAIDEN NAME					
15, Wos Deceosed Ever in U. S. Armed Forcos?	1 6. SOCIAL	Annie Hogge	ADDRESS				
(Yes, no or unknown) (It yes, give wor or dotes of se	SECURITY NO.	1					
18.	CAUCE	mr. Madeline M-C	Allum 1611 CArswell S				
DISEASE OR CONDITION DIRECTLY	CAUSE O	PULATH	ONSET AND DEATH				
LEADING TO DEATH	(A)	promole a brien					
(This does not mean the made of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO	and the state of t					
injury ar camplication which caused death.		Bilations					
ANTECEDENT CAUSES	(B)	1					
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station	.1		1				
UNDERLYING CONDITION last.	g the (C)						
7							
OTHER SIGNIFICANT CONDITIONS CONTRI							
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Nol 20B. IF YE	S, WERE FINDINGS CONSIDERED				
WAS PERFORME		1/ES IN CERTIF	YING CAUSES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, torm, foctory, street, o etc.)	n of obout 21C. WHERE DID (If in fice bldg., INJURY OCCUR?	Boltimore City, give exact locotion)				
OF INJURY (Month) (Doy) (Year) (Hau	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR	?				
(APPROX)	While At Not While Work At Work						
22. I certify that (I) (this haspital) atter	22. I certify that (I) (this haspital) attended the deceased from 12-13 19 65 to 12-15 19 65.						
that (1) (we) last saw the deceased aliv							
and hour and from the causes stated abo							
23A. SIGNATURE	V		23B. DATE SIGNED				
pyoning ge	fron M.D. Att	s. Med. Stoff Phys.	12-15- 65				
23C. PHYSICIAN'S PYOUNG IL		23D ADDRESS	enorial Hospital				
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	MATORY 24D, LOCATION	(City, town, or county) (State)				
REMOVAL (Specify)	Olan Hill W	and Compton Co	1310167				
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	12th, Camalory GRANITI	e MARYIAND ADDRESS				
DEC 1 6 1965 P. D.	DO TO DE MA	1 1 1 1 1 1 1 1	+ Fun'l Home, 1701 Laur				
VS 150-REV. 1/1/65	a) designation and	THOU WILL BUT THE	TOTAL TOTAL				

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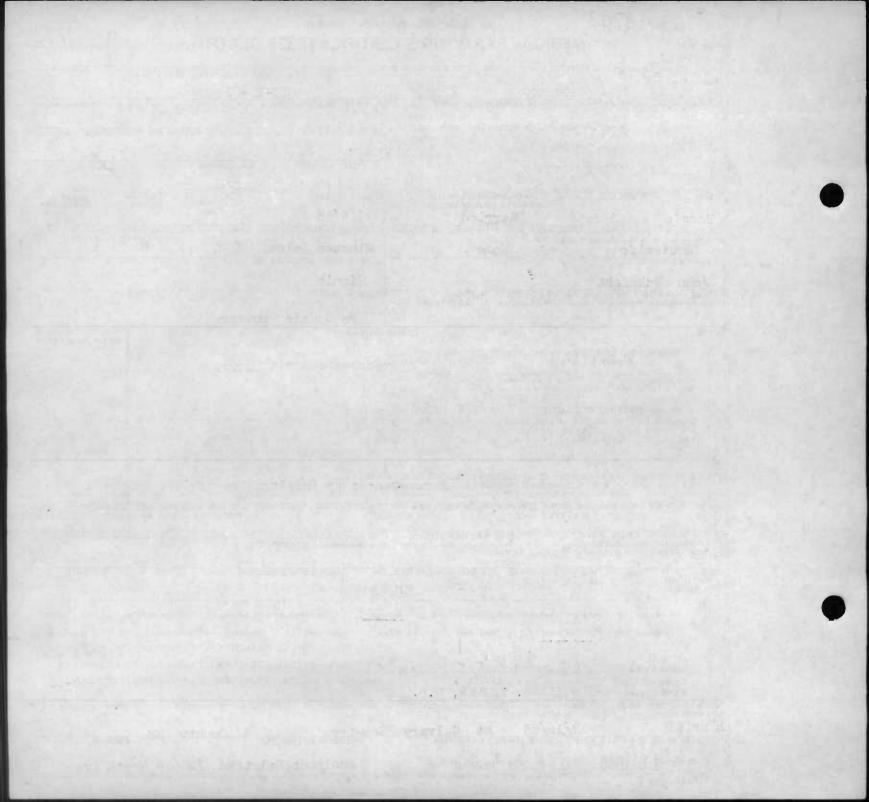
Adolphus Halstead 1206 W North Ave

B. urial

VS 151-REV, 1/1/65

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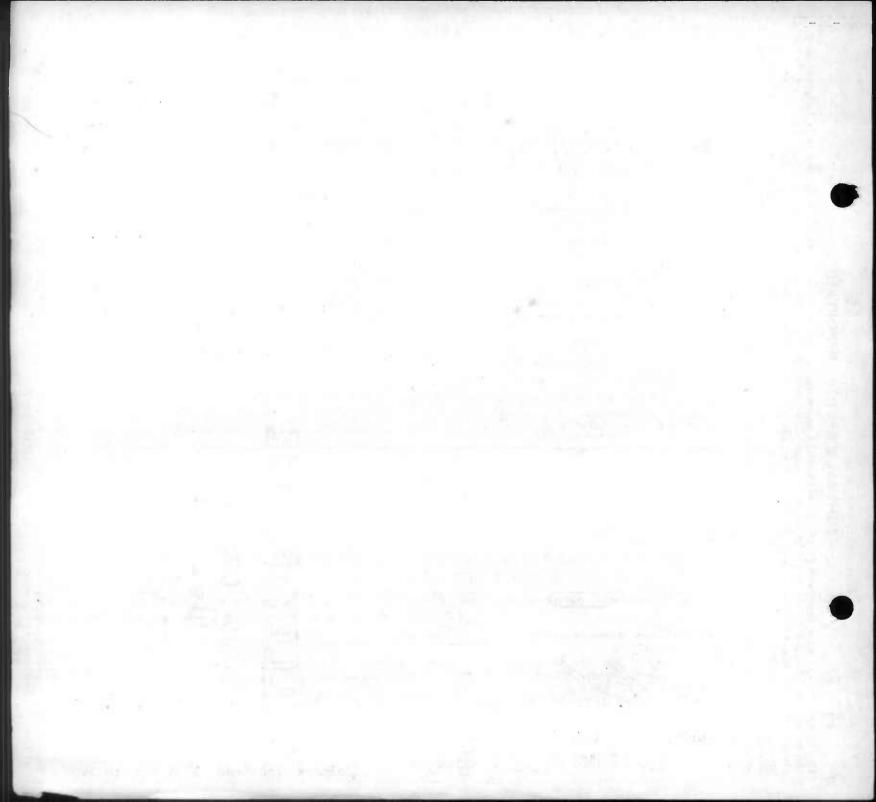
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D.O.A.

shows: (1) An accident

certificate must

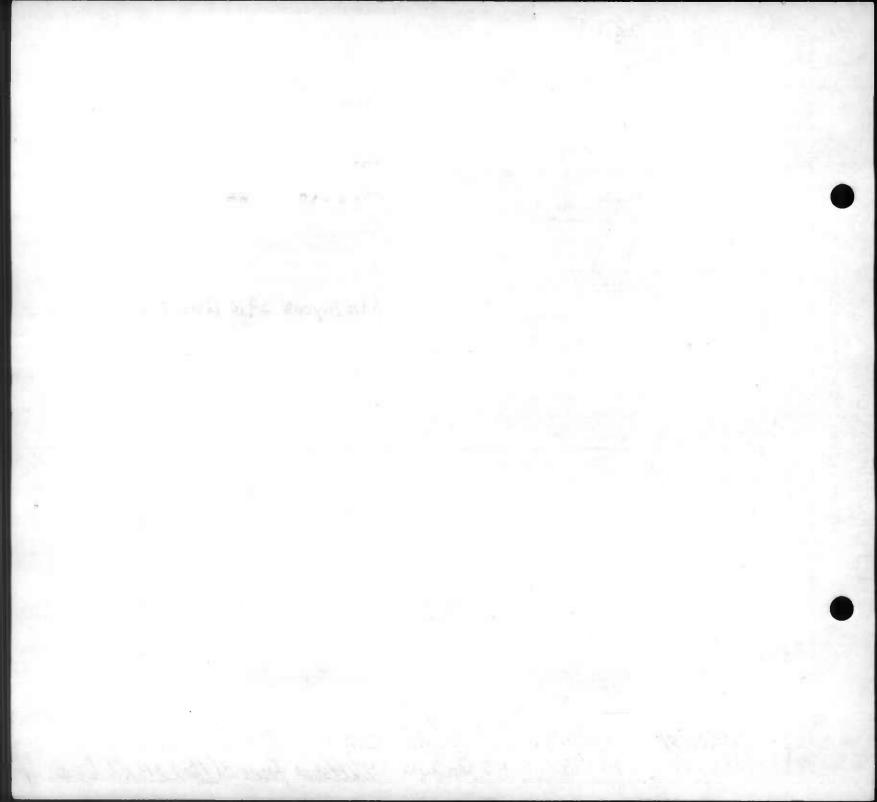
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY (Type or Print) ash LAND Court 1100 (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) 4940 Eastern Ayenue Baltimore, md. (If rural, give location) BAltimore O. STREET ADORESS Baltimore, Maryland 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. H Under 24 Hrs. Months Doys Hours Min. 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthdoy) 2-29-84 Nearow 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ardelia William 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. RECORDS: BCH 4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DIO home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DIO INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (his hospital attended the deceased from 7/10 19 65 10 12 -12-13-2 19 65 and that in (my) (our) spinion death occurred on the date that (1) (we) lost sow the deceased alive on..... ond hour and from the couses stated obave. (1) (We) (did) (did nat) view the body ofter death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. 12-13-65 23C. PHYSICIAN'S 230. ADDRESS Jeffrey Aaronson 4940 Eastern Avenue Baltimore, Md. 21224 M.O. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) was D.O decease written 12/18/65 Burial Arbutus Mem Park Baltimore 25A. DATE REC'D BY HEALTH 25C, FUNERAL DIRECTOR AODRESS Adolphus Halstead 1206 W North Ave



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

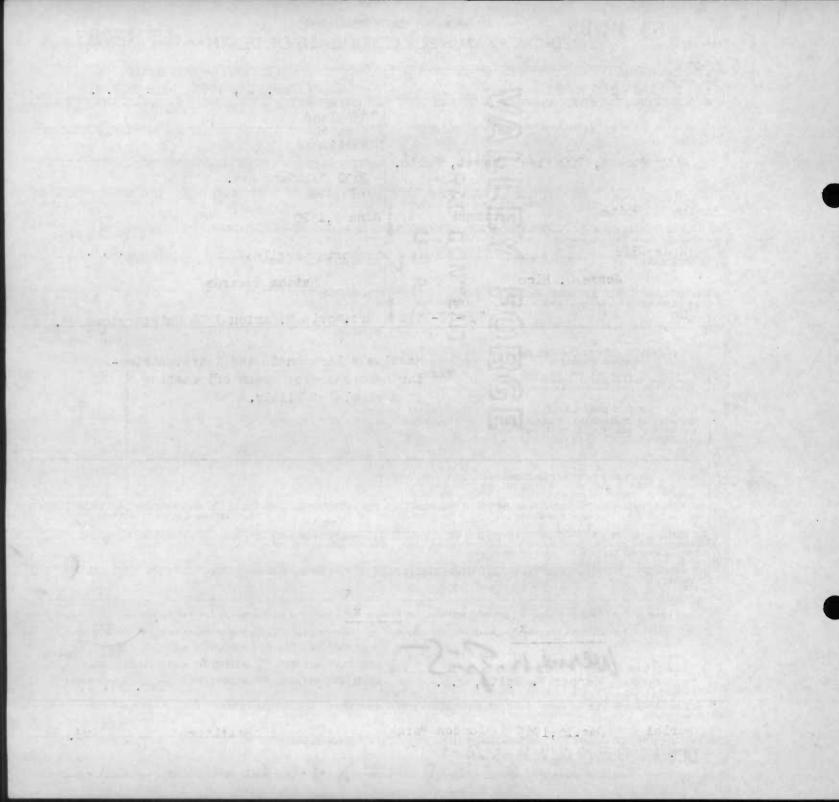
	BALTIMORE CIT	Y HEALTH DEPARTMENT		C5 49504				
вити но. 65 12794	CERTIFICA	TE OF DEATH	Registered No.	65 12794				
M.E. CASE NO.			AND HOUR OF DEATH					
Type or Print SHRAH MYERS 13 DECEMBER 965 3:00 P.M.								
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	3	4. USUAL RESIDENCE (WE A. STATE B. COU	nere deceased lived. If ins	citiution: residence before admission)				
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or facation) INSTITUTION	ion, give street	C. CITY OR TOWN (III	outside city limits, write R	URAL and give township)				
C:		BALTIMORD						
CHIVERSITY HOSPY	TAM	D. STREET ADDRESS (If rurol, give location)						
	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.				
E	OWED, DIVORCED (specify)	12 Fas . 10	lost birthdoy)	Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 108, KIN)	D OF BUSINESS OR INDUSTR			12. CITIZEN OF				
done during most of working life, even if retired)		N.		WHAT COUNTRY?				
House wire		MARCHAD		G.S.R.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
JAMES GARRISON		ZDA						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
No	SECORITI NO.	Ida M uno	2910 Finar	41.10.42				
118.	CAUSE		710 H121	INTERVAL BETWEEN				
33/X	CAUSE	or beath /		ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0							
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		enderson						
injury or camplication which caused death,)	(0)							
ANTECEDENT CAUSES	DUE TO		**************************************					
DISEASES OR CONDITIONS, if ony, gi								
UNDERLYING CONDITION last.	(6)							
O OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.								
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE F	INDINGS CONSIDERED				
		MES	III CERITING CAC	Jaca of Beatti				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)				
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?					
OF INJURY (APPROX.)	While At Not Wh							
22. I certify that (1) (this hospital) attend	22. I certify that (1) (this hospital) attended the deceased from 12 Deceased 19 65 to 13 Deceased 19 65,							
that (1) (we) last sow the deceased alive on 13 Decanate 19 6 5 and that in (my) (aur) opinion death occurred on the date								
and hour and from the couses stated above	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATURE 23B. DATE SIGNED								
Doudal M. Borre		ys. Med. Director 123D. ADDRESS	Stoff Phys.	13 Decumber 1967				
23C.PHYSICIAN'S NAME (Type)	M.D	88 UNIVERS		a Baran				
	C. NAME OF CEMETERY OF CI	- CHICELES!		y, town, or county) (Stote)				
BULLAN 130/19/10/15	MH (HILAUM	Com.	Balta.	Mrs.				
25A. DATE REC'D BY HEALTH DEPT 25B. NA.	ME OF REGISTRAR	25C. PUNERAL DIRECTO	Curve III	ADDRESS				
DEC 1 6 1965 R.O.	66 E tolker Aig	Welleams y	surral/xx	319 Tischouder St				



B-624

05 49795 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICATE OF	DEATH Regist	6765 Na.12795
M.E. CASE NO.						
1. NAME OF D	ECEASED				AND HOUR PRONOUNC	
PAU	LINE BROCKWELI	4		Dec	. 10, 1965	10:30 P.M. M
3. PLACE IN BA	CHIMORE, MARILAND, W	HERE PRONOT		A. STATE Maryland	ere deceased lived. If ins B. CO	titution: residence befare admission
HOSPITAL OR	F (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION	JTION, GIVE STREET	C. CITY OR TOWN (IF aus Baltimore	side corparate limits, writ	re RURAL and give township)
City	Morgue, 700 I	Fleet St	reet, Balto.	D. STREET ADDRESS (If ro 2832 Guilfor		000
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Female	White	Wi	DIVORCED (specify) dowed	June 7,1920	last birthdayl	Months, Doys, Haurs, Min.
dane during most o	of working life, even if retired)	NOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NA	SOWIFE AME			14. MOTTH Carol	ine	U.D.A.
	Jesse O.			Martha	Edwards	
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	with the year, give war at date	.3 01 36111667	246-22-7574	Mrs Maria C D	0 mton 2706 D	-1 -1 - 1 - 2 - 2
18.				OF DEATH	arton 3100 K	eisterstown Rd.
33	ASE OR CONDITION DI LEADING TO DEATH	RECTLY		ive subarachnoi	d and intra-	ONSET AND DEATH
(This dae	s not mean the made of		Mass	rae annar acimint	d and Intrav	encr.rea-
heart failu	ore, asthenia, etc. It means camplication which coused	the disease,	ar	nemorrhage of b	rain origina	ting
,.,				circle of Will		
	ANTECENDENT CAUSE		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE						***************************************
	YING CONDITION LAST.					
N			(C)		.0.0,	•
O THE	II IGNIFICANT CONDITIONS E DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T	NG HE			
0 2	OF OPERATION 19B. CON	IDITION FOR	WHICH OPERATION	Yes or P	10) 20B, IF YES, WERE F	
O UNDERLYING	NAL CAUSE WAS G□OR CONTRIB- AUSE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., , form, factory, street, c	in ar about 21C. WHERE DIE office bldg., INJURY OCCUR?	(If in Baltimare City, g	give exact lacation)
Z 21 D TIME	(Manth) (Doy) (Yea	r) (Haur) 2	1 E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX.)				WHILE ORK		
22.	ertify that I held an I	nquiry 🗌	Inspection Aut	opsy 🕱 and that on	this basis, death in	my aplnian
resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner						ner 🗌
CHIEF MEDICAL EXAMINER DATE SIGNED						
SIGNATURE WELL SIGNED M.D. ASSISTANT MEDICAL EXAMINER						
EXAM	INER'S Werner (Type)	U. Spit		ASSOCIATE MEDICAL		Dec. 11, 1965
23A. BURIAL C	REMATION, 23B. DATE	23	C. NAME of CEMETERY	CREMATORY 23E	LOCATION (City	y, tawn, or county) (State)
Buri		1965	Loudon Park		Baltimore	Md.
DEC DEC	D BY HEALTH DEPT.	248 NAME	OF REGISTRAR	24C. FUNERAL DIRECT	OR	ADDRESS ALL
		9	4500	14:711.9.10CK	send Jone /1	it 1 A. Hues.
VS 151-REV. 1/	1/65				Delivery of the second	



cause Undetermined cause; attend prior contributing regular mad eceased disposition = ŏ MOS the 4 eath LO kind; final attendance any pronounced 0 Also, of embalmed fracture regular who (3) physician the chief medical medical physician was Body the 0 before to the hospital by 3 ere å

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(5) Deceased of death

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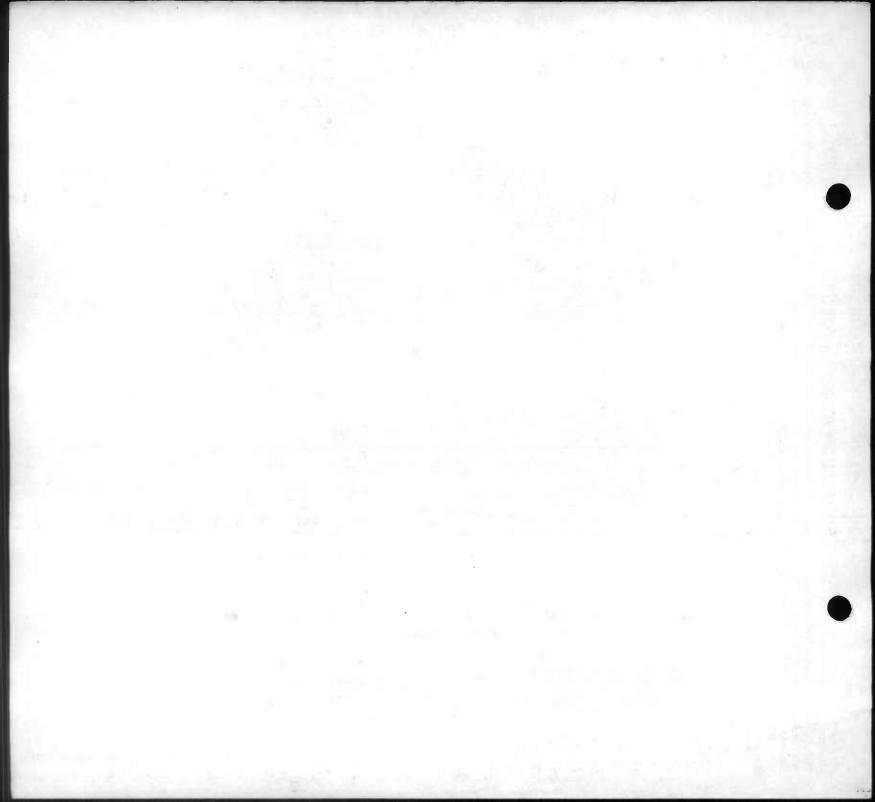
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH CLyde (Type or Print) 9:10 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (II not in haspital ar institution, give street LANG address or lacation) OWN (If outside city limits, write RURAL and give township IMOR UNIVERSIL D. STREET ADDRESS (If rural, give lacotion) HAYER 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last brithday) Il Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX 6. RACE MARKIED, NEVER MARKIED
WIDOWED, DIVORCED (specify)

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY Hours 0 MRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of workingslile, even if retired) USA MARY 4. MOTHERS MAIDEN NAME 13. FATHERS NAME 15. Was Deceased Ever in J. S. Armed Forces?
(Yes, no ar unknown fill yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. LAQUER INTERVAL BETWEEN 1B. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injuly or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFICATION DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PEREGRAED IN CERTIFYING CAUSES OF DEATH? Syndrome 218. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID hame, factory street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR! OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from UEC that (6) (we) last saw the deceased alive an and that in (a) (aur) opinion death occurred on the date and hour and from the causes stated above. (6) (We) (did) (1) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending X Med. Staff M.D. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type HERSON 24A. BURIAL CREMATION. REMOVAL (Specily) Memerial Park 25C. FUNERAL DIRECTOR 25A. DATE V\$ 150-REV. 1/1/65



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		05 40	BALTIMORE CI	TY HEALTH DEPARTMENT				
81 R	TH NO.	65 12	CERTIFIC	ATE OF DEATH Registered	··. 65 12798			
M.	E CASE NO.	FASED		2. DATE AND HOUR OF DEA	ATH			
	B 1 A	Th. 67 8 80 800	. Kroat	12 - 13 -				
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived.	It institution: residence before admission)			
				A. STATE B. COUNTY	241			
11	FULL NAME OF	F (If not in hospital address or tocation	or institution, give street	C. CITY OR TOWN (Il autside city limits, w	rite RURAL and give township)			
	South Baltimore General Hospital Baltimore							
13	south	. Baltimore	General Hospits	D. STREET ADDRESS (If ruiol, give focotion				
				1330 E. Fort Avenu	ie			
5.	SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.			
	m	W	Married	3/23/02 63	Wolfing Day's Hoors			
		JPATION (Give kind of wor working life, even if retired)	k 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
100	Chauf		Independent Ice	Maryland	U.S.A.			
13.	FATHER'S NAM		Co.	14. MOTHER'S MAIDEN NAME				
		John Kroa	t	Dora Wright				
15.	Wos Deceosed	Ever in U. S. Armed Fo	rcos? 16. SOCIAL	17. INFORMANT	ADDRESS			
(Ye	s, no or unknown) NO	(If yes, give wor or dot		Nac Douline Treet 1	220 E Boost Asso			
-	18. 1 00		P14-03-394	3 Mrs. Pauline Kroat 1	INTERVAL BETWEEN			
	1//	7,01		OF BEATH	ONSET AND DEATH			
		E OR CONDITION DI LEADING TO DEATH		De inthin	(al) 9 ma M.			
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		osthenia, etc. It meons		0				
	1 ' '	ANTECEDENT CAUSE	(B)					
		R CONDITIONS, if	DUE TD					
	iise to the	above couse (A)						
	UNDERLYING	CONDITION last.						
Z		11	CONTRIBUTION					
101	TO THE DI	FICANT CONDITIONS	ATED TO THE					
OA	19 A. DATE OF	OPERATION 198, CO	NOTION FOR WHICH OPERATION		ERE FINDINGS CONSIDERED			
CERTIFICATION	0	WAS PE	RFORMED	The IN CERTIFYING	CAUSES OF DEATH?			
3	21A. ACCIDEN	T WAS UNDERLYING	21B. PLACE OF INJURY (e.g	office bldg., INJURY OCCUR?	imore City, give exact location)			
AL	DEATH (notify	medical examinei	home, fgm, foctory, street,	office bidg., INJURY OCCUR?				
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
×	OF INJURY		While At Not W					
			Work L At We					
				Sec! 196/ 10/2				
	thot (I) (we)	lost saw the deceas	ed alive on 12.6-65		opinion deoth occurred on the date			
			ated obove. (1) (We) (did) (did not) view the body ofter death.				
	23A. SIGNATU	- b 11	100	AA-3 - 5: H	23B. DATE SIGNED			
	Mort	no solu	refler M.D.	Attending Med. Stott Phys.	12.15-65			
11	DOC BUYELELA	A M C		1220 4000000				

MORRIS SCHREIBER 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY or CAL

65

24D. LOCATION

(Stote)

Memerial Park

REC'D BY HEALTH DEPT.

Like

Wiew

25C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD LEO CURRAN 12. 10. 65 10.45 p. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE

RESIDENCE VARIE deceased lived. It institution residence before daming.

B. COUNTY

P-SS.

C. CITY OR TOWN (If outside corporole limits, write RURAL and give township) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Sommerville. St. Agnes Hospital D. STREET ADDRESS (II rurol, give location) #7, Dane Ave 5. SEX 6. RACE 9. AGE (In years lost birthdoy) 7. MARRIED, NEVER MARRIED If Under 1 Yr. II Under 24 Hrs. WIDOWED, DIVORCED (specify) Months , Doys , Hours , Male White Never Married 10A, USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTR 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARINE U.S.M.C. U. S. GOV't MASS USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CURRAN Mary Keamey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) to Curran Sr. same as #4 yes CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH OISEASE OR CONDITION DIRECTLY LEADING TO DEATH WHIPLASH INJURY with Fracture of (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which coused death.) DUE TO base of skull ANTECENOENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, ON OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, factor, street, olfice bidg., INJURY OCCUR?

etc.) Street, street, olfice bidg., INJURY OCCUR?

#1, South of Savage light 21 A. EXTERNAL CAUSE WAS UNDERLYING WOR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY struck by car while walking pm WHILE AT (APPROX.) NOT WHILE I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinian resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE. Werner U. Spitz, 12. 11. 65 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specily) BURIAL 16, Dec. 1965 HOLY CROSS CEMETERY MALDEN. 24A, DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS Josephen M.D.

Haroda S

Wade, 550 Wash. Blvd., Laurel. Md.

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3 MAY 1949 10

(DECEMBED)

072-17-1811

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M.E. CASE NO.	AIL OI DLAIII	No. OU ICOUU
(Type or Print) MARGARET E. SEIBERT	2. DATE AND HOUR OF D	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	d. If institution; residence before ad
FULL NAME OF (If not in hospital or institution, give street	Md.	7-38
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
7 MERCY Hospital	Baltimore 14 D. STREET ADDRESS (If rural, give location	on)
	5729 Edgepark Roas	d
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORGED (specify)	D DATE OF BIRTH O AGE //a wood	s If Under 1 Yr. If Under Months Doys Hours
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS' OR INDUST done during most of working life, even if retired) Ret. Clerk	Maryland 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William J. Tarr	Elizabeth Smith	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS
216013119	William A. Seibert	
720,0	OF DEATH	ONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	LTERIOSCIPMOTIC HE	PART CHRONIC
(This does not meon the mode of dying, e.g., DUE TO heart foilure, osthenia, etc. If means the disease,	CTERLOSCIEMOTIC HE	
injury or complication which coused death.)	30 11-0	
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	pothyroidism, compone	xited years
		1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED
1 CH 21 A. ACCIDENT WAS LINDERLYING 1218 PLACE OF INITIRY (e.e.	g in or chart 21C WHERE DID (If in B.	oltimore City, give exact lecation)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not V	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Work Not V Work	Vhile ork	
22. I certify that (1) (this haspital) attended the deceased from	12-11- 1965 10	12-15 19
that (I) (we) last saw the deceased alive an 12-15	19 6 5 and that in (my) (ou	r) apinian death accurred an
and haur and fram the causes stated above. (1) (We) (did) (did not		
23A. SIGNATURE	And	23B. DATE SIGNED
have regard	Attending Med. Stoff Phys. Phys.	12-16-4
23C. PHYSICIAN'S NAME Type	23D. ADDRESS	
M.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)		(City, town, or county)
burial 12-18-65 Gardens of J	Paith Cem. Baltimore	ADDRESS
DEC 1 6 1965 P. O. P. S. January	Leonard J. Ruck S	

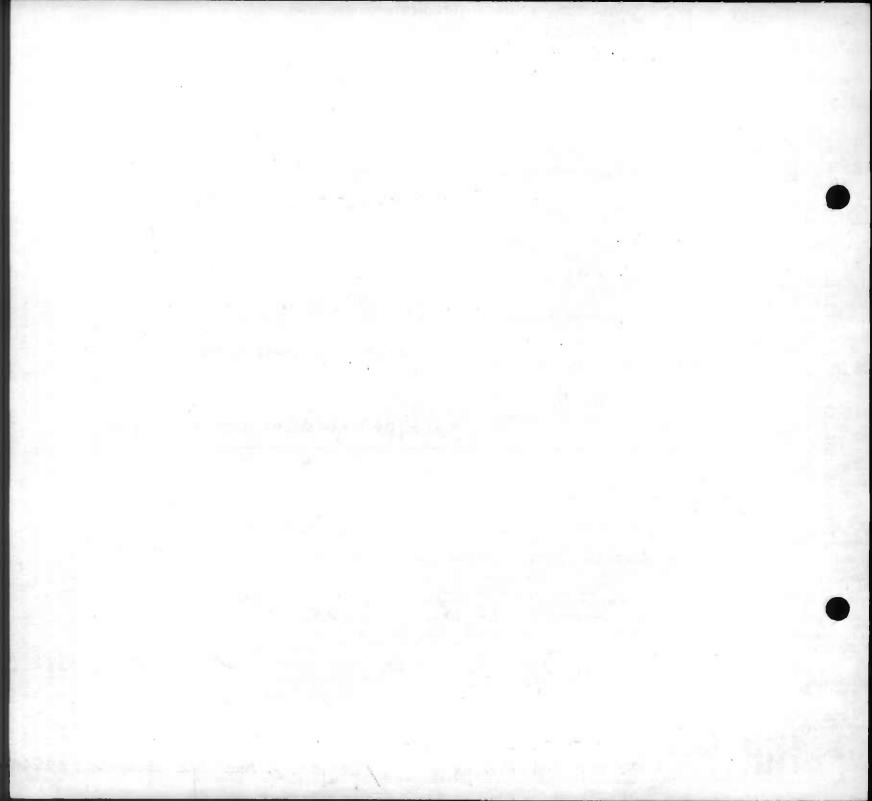
BIRTH NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Na.



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258. NAME OF REGISTRAR

12-20-6

25A, DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

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25C. FUNERAL DIRECTOR

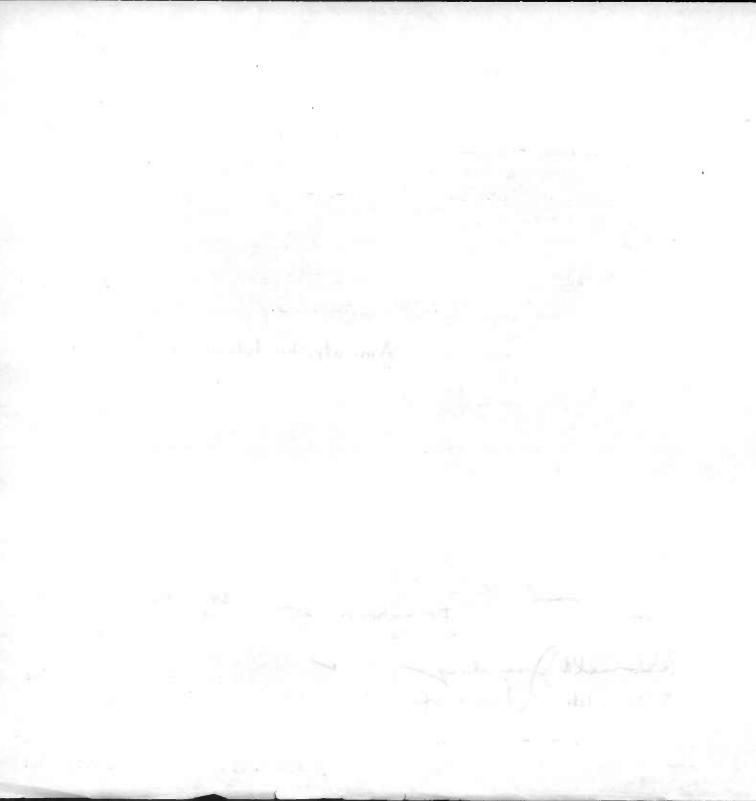
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED Registered No. 0

2. DATE AND HOUR OF DEATH



25C. FUNERAL DIRECTOR

Inc Baltimore. Md.

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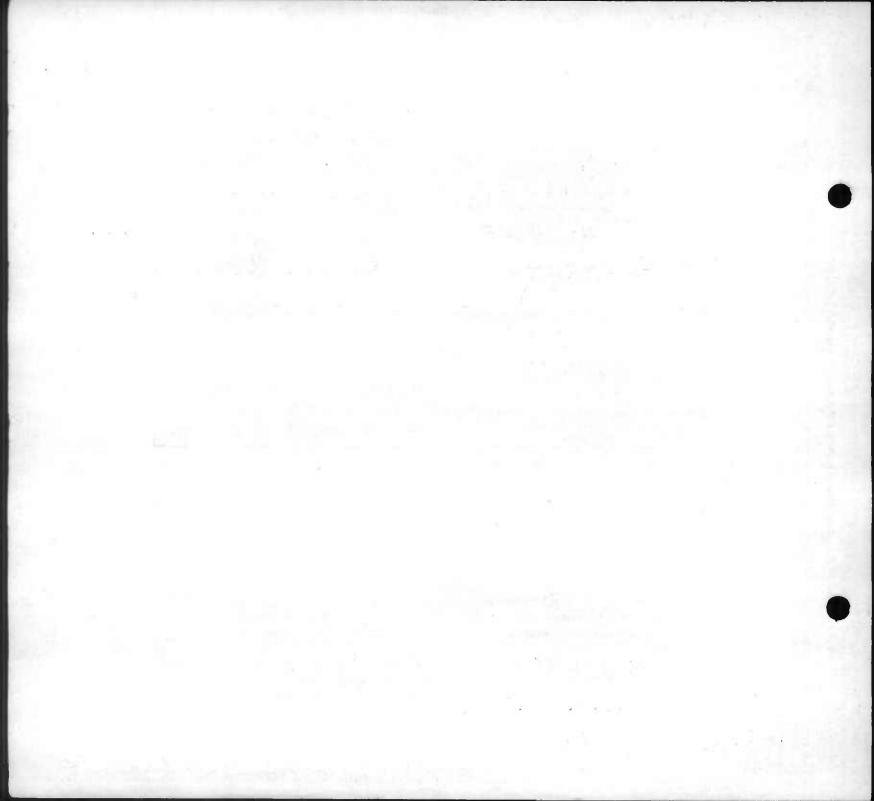
DEC 16 1965 PEPT

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 65 128 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Dec. 12, 1965 Catherine JACKSON 11:50 A.M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Marvland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION) Baltimore 700 Fleet Street D. STREET ADDRESS (If rurol, give location) & Street 320 E. 20 9. AGE (In years lost birthdoy) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH II Under 1 Yr. If Under 24 Hrs. Months , Doys , Hours , Min. WIDOWED, DIVORCED (specify) Female Colored TOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL (Yes, no or unknown), (If yes, give wol or dotes of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Subdural Hematoma (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O CAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTI 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes WAS PERFORMED \overline{c} MEDICAL 21 A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. etc.) 320 E. 20 5 Street home 21F. HOW DID INJURY OCCUR? 21 D TIME 21E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) Dec. allegedly beaten by husband NOT WHILE Autopsy X I certify that I held on Inquiry Inspection _ ond that on this bosis, death In my opinion resulted from: Natural couses Accident Suicide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER SIGNATURE Dec. 12, 1965 EXAMINER'S ASSOCIATE MEDICAL EXAMINER Werner U. Spitz, M.D. NAME (Type) 23A, BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOYAL (Specify) 65 248 NAME OF REGISTRAR ADDRESS C. EMNERAL DIRECTOR

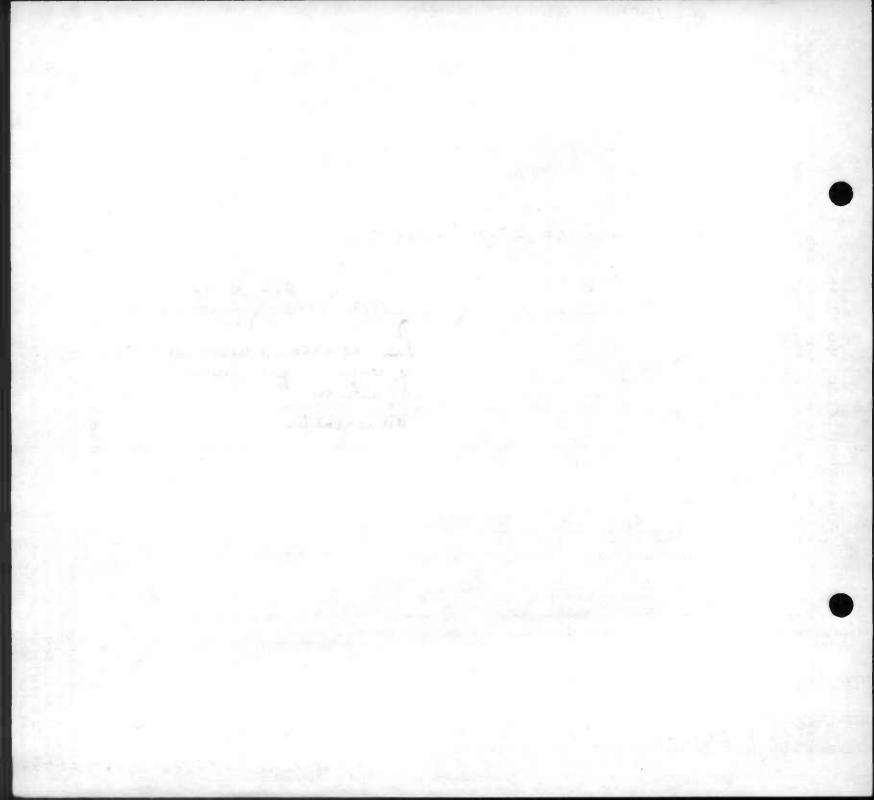
11. Buriel 12-16-65 714 Galoway En a. a. Co

	1-5	1-		BALTIMORE CIT	Y HEALTH DEPARTMEN	T	77 10004		
BIRT	No.	65 12804		CERTIFICA	TE OF DEATI	H Registered No	. 65 12804		
	AME OF DEC	EASED			2. DAT	E AND HOUR OF DEAT	н		
(Typ	e or Print)	GRACE W.	TRANBITT	1		12/14/65	7:30 P. M		
3. F	LACE OF DEA	ATH IN BALTIMORE, MA		L.		Where deceased lived. If	institution: residence before odmission)		
						OUNTY	26-08		
1	FULL NAME O	OF (If not in hospital oddress or location	ar institution, n)	give street	MARYLAND	If outside city limits, write	RURAL and give township)		
- 1	NOTTUTION	BALTIMORE CIT	Y HOSPIT	PATS		ar outside dry minis, min	a warne one give township		
1		1940 EASTERN			D. STREET ADDRESS	(If rurol, give location)			
		BALTIMORE MA		21224	510 S. QUAI	L STREET			
5. 5		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.		
	FEMALE	WHITE		MARRIED	4-20-03	lost birthdoy) 62	Months Doys Hours Min.		
				BUSINESS OR INDUSTRY			12. CITIZEN OF		
don	e during most of	working life, even if retired)	11	-			WHAT COUNTRY?		
10		14.T	HOM	E	MARYLAND 14. MOTHER'S MAIDEN	DI A A 4 F	U.S.A.		
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	0			
U	WM.	GRANRU	LTH		KACHEL	13 ERE	NGER		
		Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
2	16-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- SECONIII 110.	BCH-RECORDS	6-4940 EASTER	N AVENUE #21224		
-	18. A.L. L.L.	3 YIV. 0	IAY	CAUSE	OF OEATH		INTERVAL BETWEEN		
	DISEA	SE OR CONDITION DI	RECTLY		0		ONSET AND DEATH		
		LEADING TO DEATH		(A)	(U)A		I day.		
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc., it means the disease,									
		nplicolian which coused		dlar	o. Tour in Q/	Indio Vasc.	Ali 110010		
		ANTECEDENT CAUSES		(B) 140	perenne a	www.	rous, years.		
	DISEASES	OR CONDITIONS, if	ony, giving	002 101 1					
		e obove cause (A)	stating the	(C)					
	UNDEKLIN	G CONDITION last.			:				
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				4 4 6 4				
TION					heter Mel	lilis			
- C				WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WER	E FINDINGS CONSIDERED		
ERTIFIC	0	WAS PER	FORMED		1/1 A	IN CERTIFYING C	AUSES OF DEATH?		
S	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or CONTRIBUTING CAUSE OF home, form, foctory, street,				in or obout 21C. WHERE D	ID (If in Boltim	ore City, give exact location)		
A	DEATH (notify	UTING CAUSE OF medical examiner)	hom etc.		office bldg., INJURY OCCU	R?			
20	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F HOW DIE	INJURY OCCUR?			
MEDI	OF INJURY	17710111117 1207		ile At Not Wh		THOUSE OCCUR.			
l î	(APPROX.)		Wo	rk	ork U				
	22. I certify that (1) (this hospital) ottended the deceosed from (2-13. 1965 to 12-14 1965								
	that (1) (we) last saw the deceosed alive on 12-14 19 65 and that in (my) (our) opinion death occurred on the dot								
	and hour and from the causes stated above. ((1) (We) (did) (did not) view the body after death.								
	23A. SIGN ATU	JREY / N	1				238. DATE SIGNED		
		KILLA	((In)		tending Med.	Stoff Phys.			
	23C.PHYSICIA		com		23D. ADDRESS				
	NAME (1		מבוזוווו	M.D	AOAO EACTED	N AVENUE #212	24		
244	A. BURIAL CRE	DR. K. R. T	UCKER 124C N	AME of CEMETERY of CI	4940 EASIEM		(City, town, or county) (State)		
1	REMOVAL		1- 10.11			D 4/4	27.		
K	wial	12/17/	65 /11	T. CARM	1/	15 alla.	ina,		
25/	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRE	CTOR	al ADDRESS		
	L	EC 1 6 1955 (K. L. D.	E. Stranger	DUSTOF	man 32/8	Hudsen St.		
VS	150-REV. 1/1/	65			U				



	C 166	BALTIMORE CITY	HEALTH DEPARTMENT		0- 10005
BIRT M.E	H NOT 6 65 12805	CERTIFICA	TE OF DEATH	Registered Na.	65 12805
1. N (Typ	AME OF DECEASED	anruth	DEC 15	deceased lived. Il in	1/2 30 A M. nstitution: residence before admission)
H	CULL NAME OF (If not in hospital or institut oddress or location) NSTITUTION	ion, give street	C. CITY OR FOWN (II outs	ide city limits, write	RURAL and give township)
7	Mercy Hospital, Inc.		D. STREET ADDRESS (If no	urol, give location)	24
1			310 S.	MACON	ST.
5. S	MALE WhITE 7. MARI WIDO 1. USUAL O CCUPATION (Give kind of work) 10 B. KINI	MANNE d	B. DATE OF BIRTH 11/13/06 11. BIRTHPLACE (State or foreign	ost birthdoy) 59	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	during most of working life, even if retired)	TAN. RADIAT	OR BATTIMORE	, Md	WHAT COUNTRY?
13.	FATHERS NAME WILLIAM G. GrANI	ruth	14. MOTHERS MAIDEN NAM	BALLING	9Er
(Yes	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) (III yes, give war or dates at servi	ce) 16. SOCIAL SECURITY NO.	MRS. JOSEPH	BATTING + S. INAC	ADDRESS
ICAL CERTIFICATION	1/29/45, 12/8/45 WAS PERFORMED 12/3/45 UNCER, 6 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	OSE, (B) DUE TO DUE TO OTING THE OR WHICH OPERATION ANG TENE BOWES 22M PLACE OF INJURY/e.g., in home, form, foctory, street, of etc.)	endornoras J ionfluent pul sitoritis Lucrentitis 20A. AUTOPSY? (Yes or No) VE 5 or obout 21 C. WHERE DID	IN CERTIFYING CA	INTERVAL BETWEEN ONSET AND DEATH ALL WEEL 3 day FINDINGS CONSIDERED USES OF DEATH? The City, give exact location
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	While At Not While At Work Not Work			
	22. I certify that (t) (this hospital) attend that (t) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE WM Organy 23C. PHYSICIAN'S NAME (Type)	an DEC 15 e. (*) (We) (did) (did not) v Atter Physical M.D. M.D.	19	Stoff Phys.	12/15/65
24A 25A	REMOVAL (Specify) 12/18/65	SACRED HE ME OF REGISTRAR ALL	MATORY 24D. LO ART BA 25C. FUNERAL DIRECTOR SULANDING	170. Co.	8 Huosolv S.

VS 150-REV. 1/1/65



FUNERAL DIRECTOR

ADDRESS

the body was released eceased 0.0 shows: SD

70

25A, DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

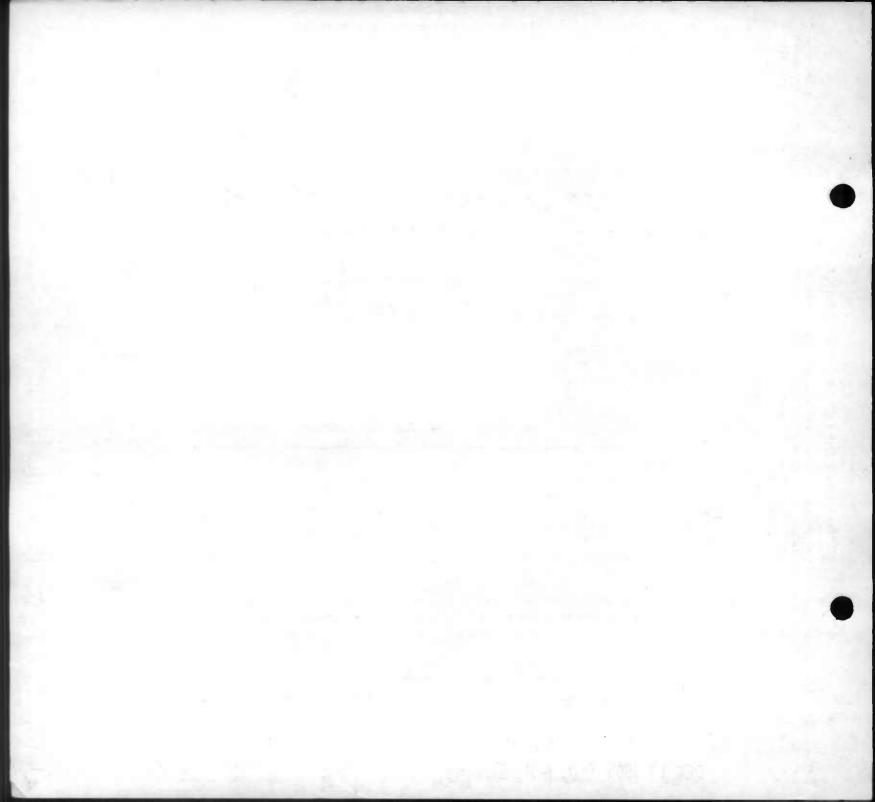
TO HAVE BEEN TO BEEN THE WAST

12, 25, 25, 25 , TE 2112 1 2 3. 35, 30 20 20 Same of the House of

Such

prior to death.

BALTIMORE CITY HEALTH DEPARTMENT	F 80010
BIRTH NO. 65 12810 CERTIFICATE OF DEATH Registered No. 6	5_12810
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Claybourne . Ellison &f. 13/15/65	91/5 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where doceased lived. If insti	lution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street)	Street
Bolling Annual	
BAltimore City Hospitals D. STREET ADDRESS (If rurol, givo locotion)	1201Va 2/2/19
6	-05
male Colored widower 7-16-98 67	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) SET LABORER OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME (SWIKACTON NORBECK 119	0/0/4
Hev. u. Ellison UNKNOWN. Mary	
15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yas, give wor or dates of sorvice) SECURITY NO. Drughter - Shirley Lo	Eastern's Avenue
18. 45 O. O. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO DUE TO	Minder
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (8) Generalized arterio scler	25/5
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the with chronic brain	
underlying condition lost. With Chronic brain Syndrouse	100-5
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FIN	IDINGS CONSIDERED
11/30/65 Was PERFORMED Artery Angurson Yes IN CERTIFYING CAUS	ES OF DEATH?
	City, give exact lacation)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) White At Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram 1/25 1965 ta /2	115 1965
that (1) (we) last saw the deceased alive an 12/14 19 65 and that in (my) (our) opinion	
and haur and fram the causes stated above. (()(We) (did) (did nat) view the bady after death.	
23A, SIGNATURE M.D. Attending Med. Stoff Phys. Director Phys.	3R DATE SIGNED
23C. PHYSICIAN'S 123D. ADDRESS Mary	rland
Marc Asher Marc Asher Mac Marc Asher Marc Asher	cimore,
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, REMOVAL (Specify)	town, or county) (Stole)
Buce 12/22/65 Mr anom Buto mi	
25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	FN GILMOR St
DEC 17 1965 P. D. A. E. Fordeyna Manhan Pamps 6 3.	DN GILMOR JA

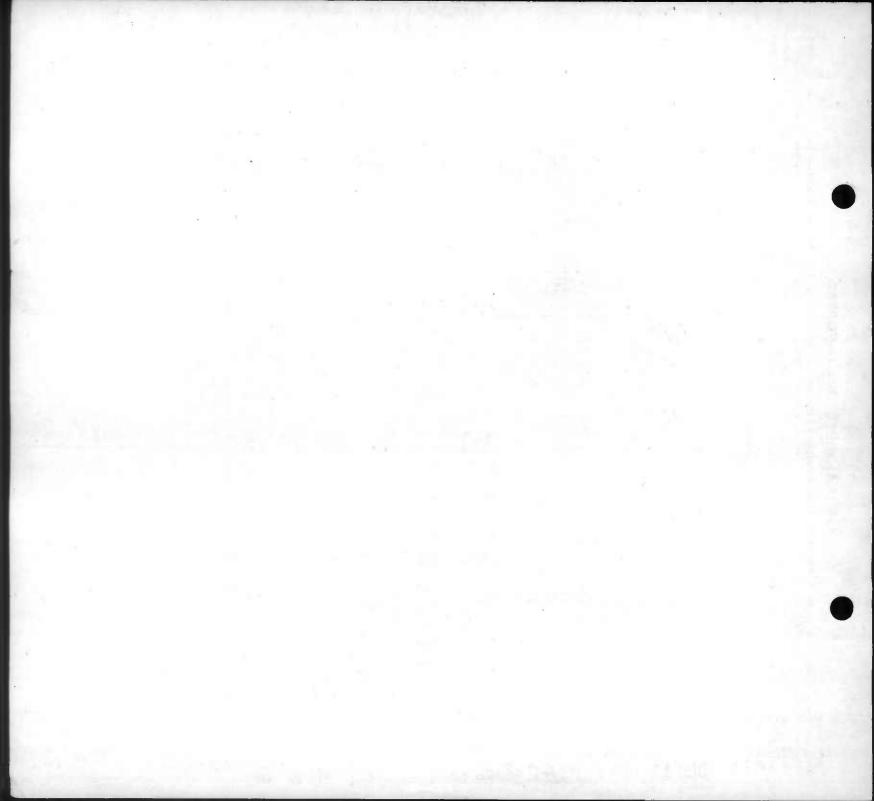


65 12811 N	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registere 65. 12811
M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD
	WINSLOW LEWIS	12/14/65 3:15 p. m.
3. PLACE IN BALTIMORE, MARYLAN	ID, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN H	OSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR	LOCATION)	C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)
		Baltimore 6
		D. STREET ADDRESS (If rural, give lacotion)
	lmor St.	628 N. Gilmor St.
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs lost birthday) Months, Days, Hours, Min.
male colored	WDOWED	6-15-1895 7 70
	of work TOB. KIND OF BUSINESS OR INDUST	
descripting most of yorking life, even if re	RPT. BLDG.	CENTER CROSS VA WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
ilvanon		BESSIE LEWN
15. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16. SO CIAL	To de terminal and the second
(Yes, no ar unknawn) (If yes, give war	ar dates of service) SECURITY NO.	The Address Pallen.
LES MAST	218-10-2939	12 GITH GIVOHNSON SRIGHEVINST
118, 442211	CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	N DIRECTLY	
LEADING TO D		riosclerotic cardiovascular disease
heart failure, asthenia, etc. It	means the disease,	
ANTECENDENT C	(B)	
RISE TO THE ABOVE CAUSE	(A) STATING THE	
UNDERLYING CONDITION	(C)	
ÕE II	19/1111	
THER SIGNIFICANT CONDITION		
DISEASE OR CONDITION CA		
	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 208. IF YES, WERE FINDINGS CONSIDERED
O N	AS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g.	
UNDERLYING OR CONTRIB-	hame, form, factory, street,	office bldg., NJURY OCCUR?
T		
OF INJURY	(Year) (Hour) 21E. INJURY OCCURRED	
(APPROX.)	m. WHILE AT NOT	WHILE WORK
22.	n Inquiry Inspection X A	utapsy and that on this basis, death in my apinian
resulted fram: Natur	al causes X Accident Suici	
ACTUAL 1.100	1. 6 1-1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE ALL	mb 1. Znic M.	S ASSISTANT MEDICAL EXAMINER A
EXAMINER'S		ASSOCIATE MEDICAL EXAMINER 12/14/65
	ner U. Spitz/ M.D.	
23A. BURIAL CREMATION, 23B. DA	TE 23C. NAME OF CEMETERY	ar CREMATORY 23D. LOCATION (City, town, ar county) (State)
Brino 121	20/1965 BALTO NA	TIONAL BALTOMI)
24A. DATE REC'D BY HEALTH DEPT	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
DEC 17 1965 A	late & Fredricks	man (1201) 12(1)
	Carl C' Jerumina	Man face P Hayer 638N GILMON
VS 151-REV. 1/1/65		

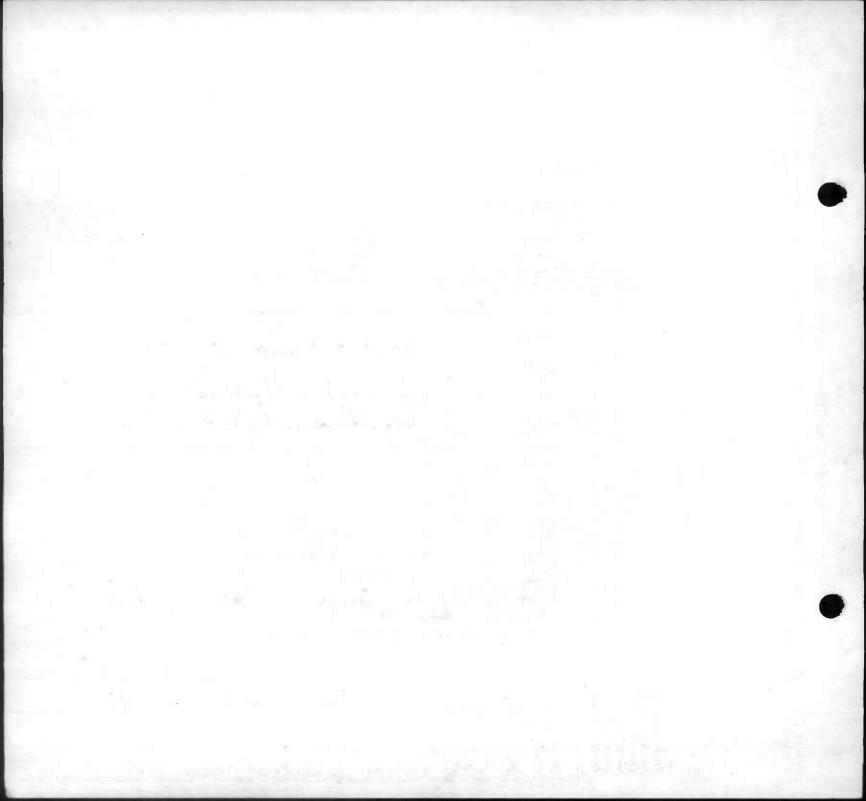
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a hospital and

BALTIMORE CITY	Y HEALTH DEPARTMENT C5 49049
	TE OF DEATH Registered No. 65 12812
M.E. CASE NO. T. NAME OF DECEASED (Type or Print) T.D. A. F. WITHERSDU	DEC. 14 - 1965 2:15 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. W institution: residence before admission) A. STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	D. STREET ADDRESS (If rurol, give locotion)
3500 FORREST PK. AVE	3500 FORREST PK. ROF
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WHOWED, DIVORCED (specify) MARAIED MARRIED MA	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
done during most of working life, even if retired) A C C C C PATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) A C C P T A L	(11. BIRTHPLACE (Stote or foreign country) (ALUERT Co. m) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Amos CONTES	FILA FOOTE.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT SSOULTERE B.
118. CAUSE C	ROBERT WITHERS POOR STOVERRESTRA
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	speratory factions
(This does not meon the mode of dying, e.g., heart failure, osthenio, etc. It meons the disease,	1 . 1
injury or complication which caused death.)	rlenong/Irlast
ANTECEDENT CAUSES OUE TO	A
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?
OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Work Not Work	21F. HOW DID INJURY OCCUR?
22. I certify that (i) (this hospital) attended the deceased from	eclule 11 1965 to December 14 1967,
that (i) (we) last sow the deceased alive of Verrules 11	ond that in(my) (our) opinion death occurred on the date
ond hour and from the couses stated obove. (1) (We) (did) (did not)	
23A. SIGNATURE LOT 0/Stuy M.D. AT	tending Med. Stoff Director Phys. 23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) 5BOROFSKY M.D.	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CE	
Buric 12/18/65 Jos Calman	7 Bartoma 21225
DEC 17 1965 A P. A. P. Tochum	Darstones D Jayor 638 n Greman
VS 150-REV. 1/1/65	Set



	BALTIMORE CITY HEALTH DEPARTMENT				
BIRTH NO. 05 49942	CERTIFICATE OF DEATH Registered Na.				
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
(Type or Print) / / n - i P	200015 12-14-13				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY				
FULL NAME OF (If not in hospital or institute oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city, limits, write RURAL and give township)				
Beorge WAShingto	NCARVEY BALTIMONE D. STREET ADDRESS (If turol, give location)				
Nursino Hom	e 109 N. Fulton Are				
	RIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 YI. If Under 24 His. Months Days Hours Min.)				
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?				
DOMESTIE	BALTINIONE. Md USA				
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME				
Thomas How	TICHOUSE MITCHELL				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotos of sorv	16. SOCIAL 17. INFORMANT ADDRESS				
no of the war of bolds of solve	SECURITY NO.				
18. 2 6 6 VI	CAUSE OF DEATH				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH	(A) Cardio-Vacular lace desd.				
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO				
injury ar camplication which caused death.)	Wald million				
ANTECEDENT CAUSES	OUE TO				
DISEASES OR CONDITIONS, if ony, gi					
rise la the above cause (A) stating	the 1944 Clorities C. V. Renteral				
11					
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE				
	OR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimore City, givo oxoct locotion) home, form, foctory, street, office bldg., INJURY OCCUR?				
DEATH (notify medical examiner)	etc.)				
OF INJURY (Month) (Doy) (Yeoi) (Houi)	21E. HOW DID INJURY OCCUR?				
(APPROX)	While At Work Not While At Work				
22. I certify that (I) (this hospital) ottend	led the deceased from Acil 1962 to Dea 1965.				
that (1) (we) lost sow the deceased alive	1/22 1344 1				
and hour and from the causes stated above	ve. (1) (We) (did) (dld not) view the body after death.				
23A. SIGNATURE 23B. DATE SI					
	M.D. Attending Med. Stoff Phys.				
23C. PHYSICIAN'S	23D. ADDRESS				
NAME GYPO)	M.D. 1944 Novid Nell Cone				
24A. BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)				
REMOVAL (Specify)	2 46 1 B A				
25A, DATE REC'D BY HEALTH DEPT. 258. NA.	ME OF REGISTRAR 256. FUNERAL DIRECTOR ADDRESS				
DEC 17 1965 P. O. S. E. J	remain of furnells Oder - Salto and				



	C) == 3 / C = 4 m	BALTIMORE CITY	HEALTH DEPARTMENT	
	H NO. 65 12814	CERTIFICA	TE OF DEATH Registered N	65 12814
1. N	AME OF DECEASED NONA		2. DATE AND HOUR OF DEA	TH
(Typ	e or Print) RAD CAMULITY DEL	ITA	Dec 15 196	5 19:10 AM
3. I	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)
١.			nd 1/5 A.	Da Pot
ŀ	ULL NAME OF (If not in hospital or institution oddress or location)	, give street	C. CITY OR TOWN (If outside city limits, we	ite RURAL and give township)
1	SINAI HOSPITAL OF BA	1772 ma Arre	RANDAILSTOWN.	3 2 - 0 0
1	SINAI HOSPITAL OF BA			
8		RO		
5. S	EX 6. RACE 7. MARRIE	D, NEVER MARRIED	9014 SamosET B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	F. W. NEU	ED, DIVORCED (specify) 6 MANY (6)	4-11-1951 lost birthdoys 11	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND (during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Child		MACULANCE	1151
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAME	0173_21
1	AUTRICE RALINDINI	7_	Ruth ENGEL	
	AUTRNEE KAGINOWI	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes	,no or unknown) (If yes, give war or dates of service)	SECURITY NO.		
	Vo	NO	LAWRENCE RADINOWIT	2 9014 SAMOSET RA
	18. 35-5 XI	CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	5.	5 7 -1	
	LEADING TO DEATH (This does not meen the made of dying, e.g.		NYAWEOUS PUEUMO Thorse	Ç
	heart foilure, asthenia, etc. It means the diseas			
	injury ar camplication which coused death.)	LTA	XIA TELANGECTASIA	1/1/55
	ANTECEDENT CAUSES	DUE TO	210109 0001131	
	DISEASES OR CONDITIONS, if ony, givin rise to the obove cause (A) stoting the	7		
	UNDERLYING CONDITION lost.	e (C)		
	11			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO T			
	DISEASE OR CONDITION CAUSING IT.			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If in Balti	more City, give exact location)
AF		ome, form, foctory, street, off c.l	fice bldg., INJURY OCCUR?	
DIC	21 D. TIME (Month) (Day) (Year) (Hour) 21	E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	OF INJURY	/hile At Not While		
		/ork At Work		
	22. I certify that (I) (this hospital) attended	the deceased from/	Vov 39 1965 10	Dec 15 1965
	that (I) (we) last saw the deceased alive on	Dec 15	5 19 65 and that in (my) (our)	opinion death occurred on the date
	and hour and from the causes stated above.			
	23A. SIGNATURE	(1) (10) (ala (10)) V	The body offer death.	23B. DATE SIGNED
	21.5/5	M.D. Atte	nding Med. Stoff	
	23C. PHYSICIAN'S	Phys	Director Phys.	Jec 13, 1965
	NAME (Type)		So. ADDRESS	
	KOBERT G. Thom		sina Hospital	
24A	BURIAL CREMATION, 24B, DATE 24C.1	NAME of CEMETERY of CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
	BURIAL 12/16/65 HA	BREW YOUNG /	MEN BALTIMORE	MARYL DUD
25 A	DATE REC'D BY HEALTH DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	Des 4 - 400 - 1 - Che	ASON	1 dal DEVIDEANIL BOOK 7	No CAM RENTORTON
VS	18 A.C. 18 7 1860 (1) Day A P C	Tarley PLA	The second second	(auto ILLI) Contra
	O Charleston and Ma	,		

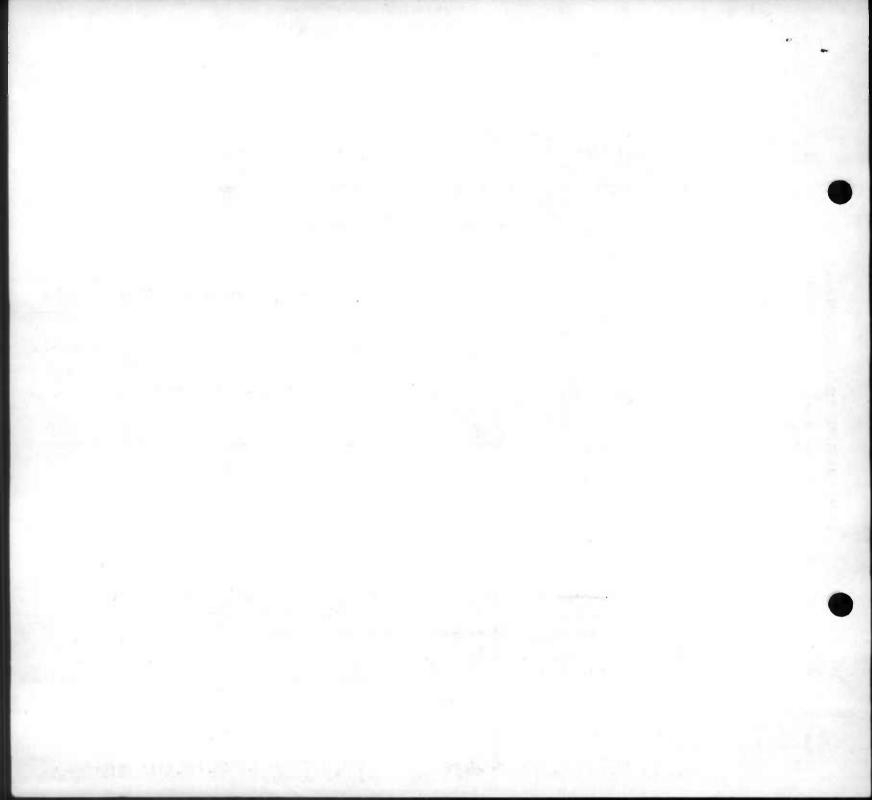
and Kapine of the more 4014 Schmoset 11 1/261-11-7 F W NEW MARKET Maryland Din) LAUTRACE RABIATION E R.Th OLA ment toward would not LTAKE IELAN IN " request to thompson Since Hoops Tat Modert G Thompson

1						BAI	TIMORE CITY	HEALTH DEP	ARTMENT		0= 1001
Deceased ce on the	- 11		H NO.	65	12813	CE	RTIFICA	TE OF D	DEATH	Registered N	65 12815
h. Such		1, N.	AME OF DECEASED		A BLOOM					MBER 14, 1	
		3. P	LACE OF DEATH IN B	LTIMORE	MARYLAND			A. STATE	B. COUN		If institutions residence before admission
		H		not in ho dress or l		tion, give street			OWN (If ou	tside city limits, wi	ite RURAL and give township)
		10	1		NURSING MALL RO			BALTIN D. STREET AD 3531 (DRESS (If	rurol, give locotion) T STREET	
mad		5. S	EMALE WH	ITE	7. MAR WID	RIED, NEVER MONED	ARRIED ED (specify)	B. DATE OF BI 1875	RTH	9, AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
tion is			USUAL OCCUPATION during most of working life HOUSEWIF	, even if re		AT HOME	OR INDUSTRY		SSIA	ign country)	12. CITIZEN OF WHAT COUNTRY?
spo		13. [ATHERS NAME UNKN	XWN				14. MOTHERS UNKA	MAIDEN NA	ME	
nal		15. V (Yes	vas Deceosed Ever in I	. S. Armive wor	ed Forces? or dotes of serv	rice) 1 6. SOCIA SECUI	AL RITY NO.	MR. ROL		BLOOM 6203	ADDRESS 3 WESTERN RUN DRIVE
d or fi			18. 41 5 n	1			CAUSE O	DEATH			INTERVAL BETWEEN
0			DISEASE OR C	ONDIFIO	N DIRECTLY		2	1			ONSET AND DEATH
E			LEADIN	TO DE	ATH		(A) / 50	ile-	Pne	wman, T	Somet
_			(This does not meon heart failure, osthenia,				DUE TO		1		
9			injury ar camplication			5036,			0	34	Served
E			ANTECE	ENT CA	USES		(B)	ml v 21,	600	0018-11030	fred Greec
0							DUE TO				
1			DISEASES OR CON				(6)				
S			UNDERLYING COND			ine	(C)				
ain	ı	1		11							
remo		ATION	OTHER SIGNIFICANT	TON TU	RELATED TO	UTING THE					
e the		RTIFIC	19A. DATE OF OPERATI	WA	S PERFORMED	FOR WHICH OF	ERATION	20 A. AUTO	PSY? (Yes or No	208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
befor			21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	JNDERLY CAUSE O exominer)	NG 🗍	21B. PLACE Of home, lorm, for etc.)	F INJURY (e.g., in actory, street, of	or about 21C. Y	WHERE DID RY OCCUR?	(II in Boltic	male City, give exact location)
btained		MEDI	21 D. TIME (Month) OF INJURY (APPROX.)	(Doy)	(Year) (Hour)	While At	Not While At Work		HOW DID IN	URY OCCUR?	
bte			22. I certify that (I)	this ho	rattal) otteno	led the decens	sed from	10011	/	19 () to a	Dec 14 19 60
0			that (1) (we) lost so				2014	106	4		opinion death occurred on the do
p.										io. m(m// (001)	opon death accurred on the do
ust b			ond hour ond from th	e couse	s stoted obo	ve. (I) (We) (di	id)-(did not) v	iew the body	ofter deoth.		DAYE SIGNED
E			23A. SIGNATURE	1	1/1		AA D AH	nding 🖂 🦯	Med.	Stoff -	23 B. DATE SIGNED
0			Dumen	119	Olyli		M.D. Alte	nding .	Director	Stoff Phy s.	12/12/62
pprov			23C. PHYSICIAN'S NAME (Type)	MY.	Rub	1	M,D.	SY/	Fran	K Heig	LTS Bus.
a p		24A	BURIAL CREMATION, REMOVAL (Specify)	24B. DA	TE 2	C. NAME of CE	METERY OF CRE	MATORY	24D. L	OCATION	(City, town, or county) (State)
written a			BURIAL	12/	16/65	KOVNA			RO	DSEDALE, M	ARYLAND
written		25A	DATE REC'D BY HEAD			ME OF REGISTE		25C. FUNE	RAL DIRECTO		ADDRESS
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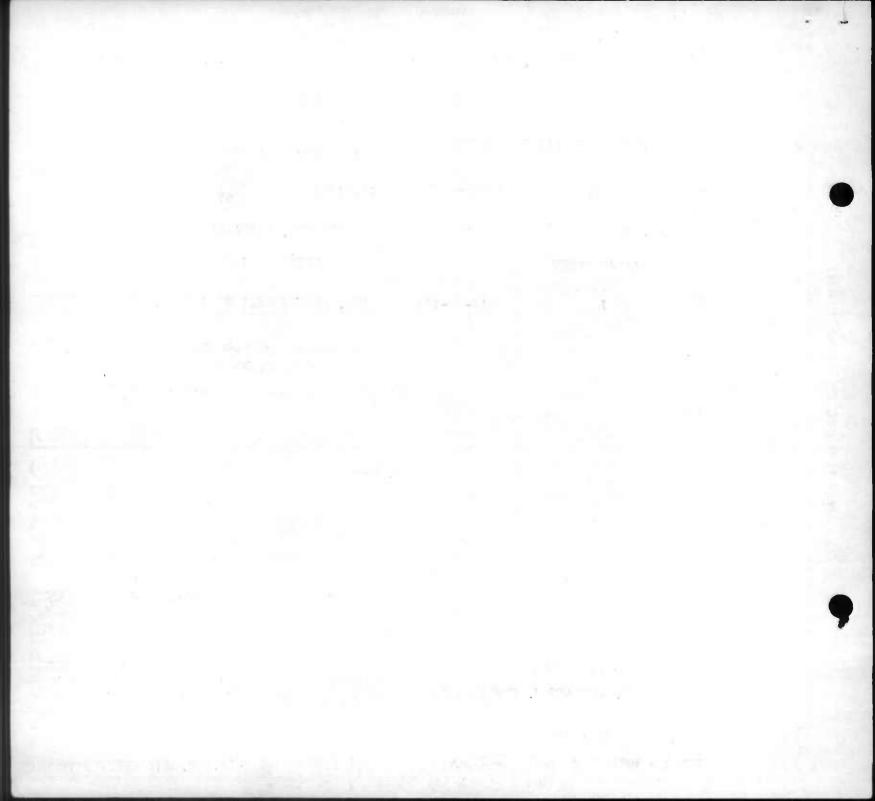
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24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) AL 12/16/65 TO BY HEALTH DEPT. 258. ROSEDALE, MARYLAND KOVNA BURIAL 25B. NAME OF REGISTRAR SOL LEVINSON LEVINSON & BROS. INC. 6010 REISTERSTOWN RO ADDRESS VS 150-REV. 1/1/65



IMPORTAN

FUNERAL DIRECTOR:



cause of death (4) Undetermined cause; (5) Deceased eat ance Ō attend 0 prior contributing is made. regular deceased disposition = Was assistant if eath UO kind; or final regular be obtained before the remains where to the hospital any nature; death) hospital the body was released must An accident written approval eceased prior t o was D.O.A. shows: (1)

the Such

6

BALTIMORE CITY HEALTH DEPARTMENT 65 12818 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. (Type or Print) SARAH REBECCA

MARRIED, NEVER MARRIED

WIDOWED

AT HOME

WIDOWED, DIVORCED (specify)

(If not in hospital or institution, give street

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

6. RACE

done during most of working life, even if retired)

15. Was Deceased Ever in U. S. Armed Forces

(Yes, no or unknown) (If yos, give wor or dotos of service)

HOUSEWIFE

WHITE

oddross or location)

ESPLANADE APTS

2525 EUTAW PLACE

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR

FULL NAME OF

HOSPITAL OR

INSTITUTION

5. SEX

FEMALE

MA

13. FATHER'S NAME

Registered No. 65	12818
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ADDRESS

	2. DATE AND HOUR	OF DEATH		45
	12-	15-6	116	- AN
A. STATE	RESIDENCE (Whose deceases B. COUNTY RYLAND	d lived. It institu	Plion: residence be	fore admission)
	OR TOWN (If outside city li	mits, write RUR	AL and give town	ship)
11	ADDRESS (If rurol, give	locotion)	и	1 - 51

	2525 EUTAW		4H	
	1/15/1871	9. AGE (In years lost birthdoy) 94	If Under 1 Yr. If Under 1 Average Hours	ler 24 Hi Min,
Y	LITHUANIA	reign country)	12. CITIZEN OF WHAT COUNTRY?	

14. MOTHER'S MAIDEN NAME HENRY KRAMER

SECURITY NO.

110

BESSIE IFAH CHOR 17. INFORMANT 6. SOCIAL

	140	NO	IK. ELLIS FREEN	IAN 2525 EUTA	W PLACE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. II means the dise injury or complication which caused death.)		EATH	of stomas	INTERVAL BETWEEN ONSET AND DEATH A MO (?)
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives to the above cause (A) stoting UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				1.0
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDS	NGS CONSIDERED OF DEATH?
Ū	OR CONTRIBUTING CAUSE OF DEATH (notify modical axamine)	218. PLACE OF INJURY (e.g., in or home, form, factory, street, office etc.)	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(It in Boltimore City	, give exect locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	IRY OCCUR?	

that (I) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and haur and fram the couses stated above. (1) (We) (did) (did not) view the bady after death.

23A. SIGNATURE	1 ,			238. DATE SIGNED
() 11	1/1.1.	M.D. Attending	Med. Stoff	13 -1

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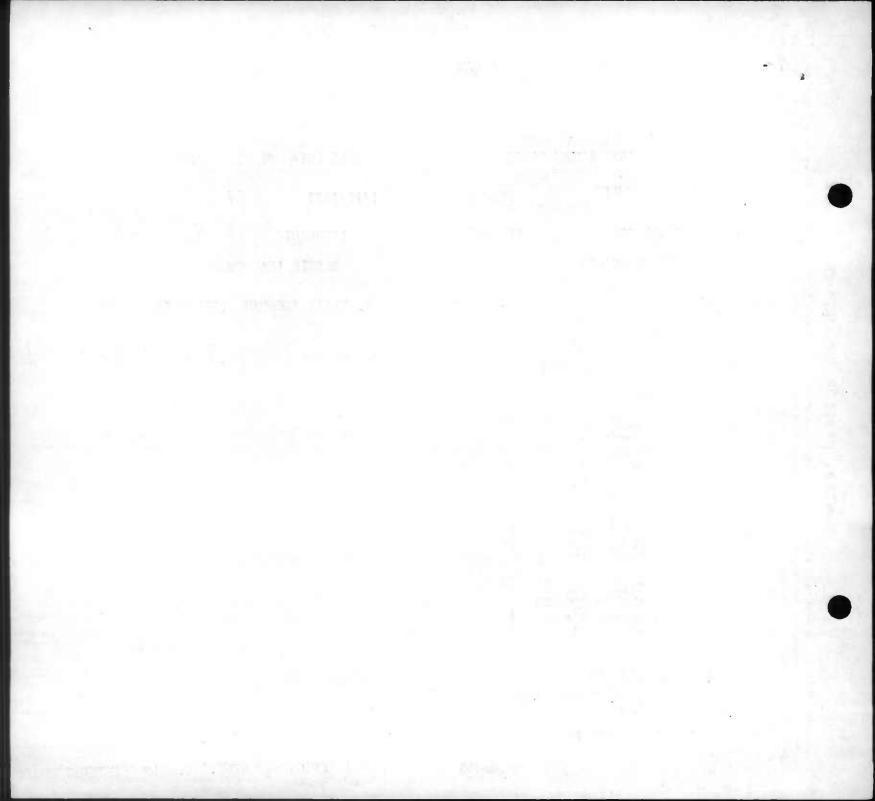
23 C. PHYSICH N'S NAME (Type) DR. IRVIN SAUB

ER M.C	6905	Sash	1475	1+r
C MARKE - CENALTERY C	DEALATORY	DAD LOCATION	1 (0)	7.

24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 12/16/65 HEBREW YOUNG MEN

Work

25C. FUNERAL DIRECTOR LEVINSON & BROS. INC. 6010 REISTERSTOWN RD



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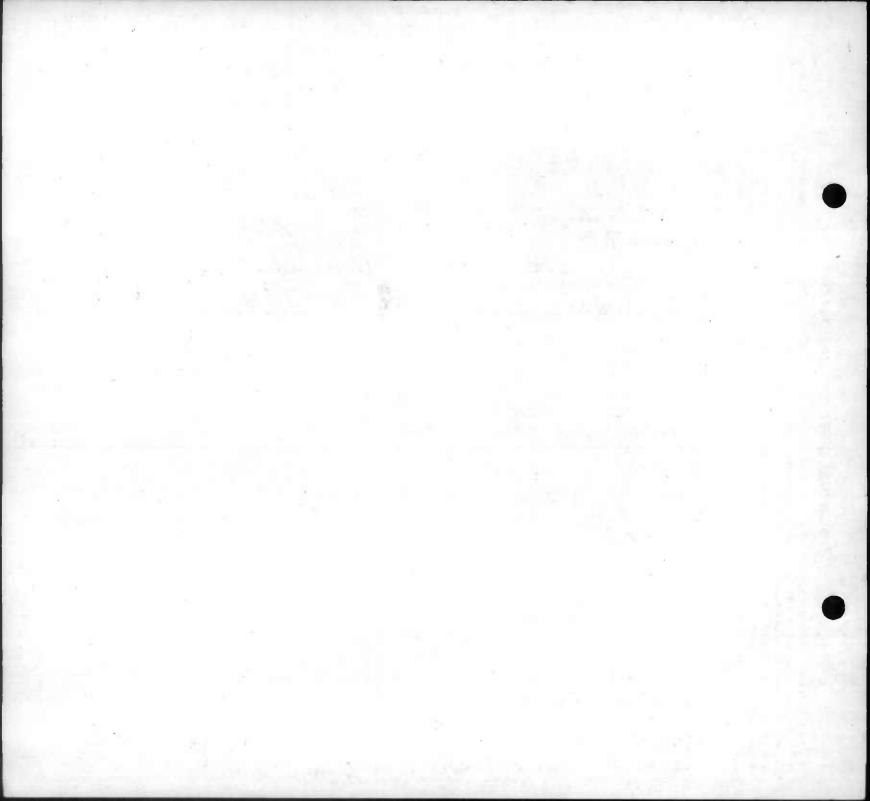
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where 3. PLACE OF DEATH IN BALTIMORE, MARYLAND tived. If institution; residence COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or instilution, give street address or location outside city fimits, write RURAL and give township C. CITY O If Under 1 Yr. If Und MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 5. SEX 9. AGE In years If Under 24 Hrs. Hours : Min. kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF 10A, USUAL OCCUPATION (Give 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or ukknown) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO. 5-07 INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ICATION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC. 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY White At Not While I (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from (🛸 19 that (1) (we) last saw the deceased alive an.... (5 and that In (my) (our) opinion death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE 23B. DATE SIGNED Allending M.D. Med. Stoff Phys. Director _ Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) MIRIAM OHEN M.D.

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY

24D. LOCATION

(City, lown, or county)

FUNERAL DIRECTOR



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12-14-65

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BALTIMORE	CITY	HEALTH	DEPARTMENT

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1, N	E CASE NO.	1 CERTIFICA	TE OF DEATH	ND HOUR OF DEAT	H
	pa ar Print)	E ROX	·A / C 0	* u · h · o · o	12 10/1- 11:11
3. F	PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Who	ere deceased lived. II	institution; residence belore admis
			A. STATE B. COUI		
	FULL NAME OF (If not in haspital or HOSPITAL OR address or lacotion)	institution, give street	MARYLAND	BALTIM	RURAL and give tawnship)
	INSTITUTION				e RURAL and give lawnship)
11			D. STREET ADDRESS (II	rural give lacation)	G. P-11
7,	1. 41/21 10-54				
	WION MEMORIA SEX 6. RACE 77.	MARRIED, NEVER MARRIED	5106 NORW	9. AGE (In years	
J. 3		WIDOWED, DIVORCED (specily)	The second second	last birthdoy)	Months Days Hours M
.01	A. USUAL OCCUPATION (Give kind al wark 1)	NEVERMARRIED	5-7-99	66	120 0177511 07
	ne during most of working life, even if retired)	DE KIND OF BUSINESS OK INDUSTRY	III. BIKINFLACE (State of tor	eign country!	12. CITIZEN OF WHAT COUNTRY?
	in KNOW N		maryLAN	Α.	U.S.A.
13.	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
15.	Was Deceased Ever in U. S. Armed Force	5? IT 6, SOCIAL	MARY BLAW	CHE STE	ADDRESS
(Yes		of service) SECURITY NO.			
	N-0		YATTENT		
	18. 4 5 X I	CAUSE O	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY) /	enhelm	ONSE! AND DEAT
	LEADING TO DEATH	(A) K	whomas -	uncun	<u>~ </u>
	(This does not mean the mode of dheart failure, asthenia, etc. 11 means th				
	injury or complication which caused d				
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BALTIMORE	CITY	HEALTH	DEPAR1	MENT

	65	12822		BALTIMORE CITY HEAL	TH DEPARTMENT		19899	
		MEDI	ICAL EX	CAMINER'S CE	ERTIFICATE OF D	EATH Register	red NS-OF-	
1	L CASE NO.	CEASED			2 DATE AND	HOUR PRONOUNCE	D. DEAD	
	pe ar Print)	017		3 6 77 643 (7799) 5 3	2. DATE AND			
3. P	LACE IN BAL	(JU)	HERE PRONOL	MITTER INCED DEAD	4. USUAL RESIDENCE (Where d	12/14,	165 4:15 p. M. tution: residence before admission	
					A. STATE	B. COU	NTY	
FUI	L NAME OF	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (IF outside	corparate limits, write	RURAL and give township)	
INS	TITUTION				vReithtuno:	De Linthicum	62-00	
0					D. STREET ADDRESS (If rurol,	give location)		
		St. Agnes Ho	nenital		1210 Fu	rnace Rd.		
5. 5	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
	mala	white		DIVORCED (specify)	Toma 707 7000	last birthday!	Manths Doys Haurs Min.	
IOA	male USUAL OCC	white	Marr		June 17,1922		12. CITIZEN OF	
	during most of	warking life, even if retired)					WHAT COUNTRY?	
13.	Carpe FATHER'S NAM	nter			Newburg W. Va.			
15	Russe	11 G. Mitter	EODCES?	116, SO CIAL	M. Menear		ADDRESS	
		Ilf yes, give war or dote		SECURITY NO.	IV. INFORMANT		ADDRESS	
	Yes	WW 11		236-24-5710	Mrs. Mildred Mit	tter, Same		
	1B. 4 2 0	1 1	-	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		SE OR CONDITION DI	RECTLY					
		LEADING TO DEATH			sclerotic cardio	vascular di	sease	
	heort foilure	not mean the made of , asthenio, etc. It means	the discase.	DUE TO				
	Injuly of Cu	njury or camplication which caused death.)						
		ANTECENDENT CAUSE		(8)				
	RISE TO TH	OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST	TATING THE	DUE TO	.=			
_	UNDERLYII	NG CONDITION LAST.		(0)				
Ó		II.		10/				
¥	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTION	NG			Call Services	
F		R CONDITION CAUSING		HE				
ERTIFICATION		POPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED	
Ü	2	WAS PER	FORMED		yes	N CERTIFYING CAUS	ES OF DEATH?	
7		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID (re exoct location)	
	UNDERLYING UTING CAL	OR CONTRIB-	hame etc.)	, farm, foctory, street, a	ffice bldg., INJURY OCCUR?			
MED	21D TIME	(AAAL) (D) (V	1 11 12	TE. INJURY OCCURRED	21F. HOW DID INJU	ny Occilina		
	OF INJURY	(Month) (Doy) (Yeor				KT OCCUR?		
			m. V	VHILE AT NOT V	ORK			
	22.	tify that I held an I	ngulry 🗌	Inspection Aut	opsy X and that an this	s basis, death in m	y opinian	
	rasu	Ited fram: Natural ca	uses V A	coldent Sulcide		ndetermined manne		
			-		CHIEF MEDICAL EX		" —	
	ACTUA			5 /-			DATE SIGNED	
	SIGNAT		411	M.D.	ASSISTANT MEDICAL EX		12/15/65	
	EXAMIN NAME (Tunn) wy	TT Cmil.	- M D	ASSOCIATE MEDICAL EX	AMINER	10/10/	
	BURIAL CRE	MATION, 23B. DATE	U. Spit:	Z. M.D.	CREMATORY 23 D. LC	CATION City,	tawn, ar county) (Stote)	
	Burial	72_70	7065	Mandwerst	E	kridge, Md		
244	DATE REC'D	BY HEALTH DEPT.	248 NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS	
	DEC	17 1965 R.C.	P. 8.	Fredricks	F.C. Higinboth	nom, Ellicott	t City. Md	
VS	151-REV. 1/1/	65		5 0				

THE REPORT OF THE PARTY OF THE .

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death.

attendance on the

	CE 40000	BALTIMORE CIT	Y HEALTH DEPARTMENT		
	BIRTH NO. 65 12823	CERTIFICATE OF DEATH Registered No.55 128			5 12823
	1. NAME OF DECEASED	eorge H	2. DATE AN	Dec -65	2:55P
4	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR Oddress or locotion) NSTITUTION ARYLAND GENERAL	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before of A. STATE B. COUNTY A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location)			
3	5. SEX 6. RACE 7. MARRIE	TOSINIA	B, DATE OF BIRTH	1/een Rd	If Under 1 Yr., If Under 24 Hi
	MIHE WhIE N	PRRIGO	7-24-89	lost birthdoy	Month's Doys Hours Min.
	done during most of working life, even if retired) Funeral Director	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
יייייייייייייייייייייייייייייייייייייי	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAI Loui 17. INFORMANT Mabel A. Lein	SE ?	ADDRESS Colleen Rd.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. If means the diseas injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the couse of the couse (A) stating the UNDERLYING CONDITION lost.	g., DUE TO DUE TO DUE TO DUE TO	GERIO SCIEROTIO VOSCUIAR Pis	7 0 3 00 00 00 00 00 0 0 0 00 00 00 00 00	INTERVAL BETWEEN ONSET AND DEATH 19 day 5 YEARS
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ARTERIO THE PARKINSON	s Disease	gl VASCULDA ALSONS	SEVERDI YEARS
0		R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	NDINGS CONSIDERED
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	11B. PLACE OF INJURY (e.g., come, form, foctory, street, cotc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	S OF INJURY	TE INJURY OCCURRED While At Not Whi Work At Work		URY OCCUR?	
1001 000	22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive at and haur and from the causes stated above. 23A. SIGNATURE	M (We) (did) (did gar)	19 65 and the view the bady after death.	Stoff	an death accurred an the do
nanddn.	23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C.	M.D.	23D. ADDRESS Maryland	Seneral Ho OCATION (City,	

12-16-1965 Loudon Park
H DEPT. 258. NAME OF REGISTRAR Baltimore, Md. 25C. FUNERAL DIRECTOR ADDRESS 1965 G. Howard Strong 3207 W. North Ave. VS 150-REV. 1/1/65

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prior to death. attendance

on the

			BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIR	rh No. 65	12824	CERTIFICA	TE OF DEATH	Registered Na	65 12824
	E. CASE NO.	THOM	CERTIFICA			
	DE OF DECEASED	Carri			AND HOUR OF DEATH	
(Ty	DE OF PRINTI GERTRY.	DE a	WYATT	12,	14/65	7:20 AN
3.	PLACE OF DEATH IN BALTIMO	RE, MARYLAND		A. STATE B. COL	here deceased lived. Il ins	titution: residence before admission
	FULL NAME OF (If not in	hospitol or institut	ion alve street	MD	BALTO	CITY
	HOSPITAL OR oddress o	r locotion)	ion, give sheet	C. CITY OR TOWN (IF		URAL med give township)
1	MARYLAND	GEN. HO	SP	BACTS		7-02
N.	JULIACI MOIL		6 0		(If rurol, give location)	
				1531	TURLAL	v of D
5.	SEX 6. RACE		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His.
	Fu		OWED, DIVORCED (specify)	6/12/83	2 2	77.01.11.2
	USUAL OCCUPATION (Give kir	d of work 10 B. KIN		Y 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
don	Houwevife o		t home	RA	4 T. 2 Md.	WHAT COUNTRY?
12	FATHER'S NAME			14. MOTHER'S MAIDEN N		434
13.	2				arrie Pfafenb	ach
	(1	inouse		7 6	Strie Listeno	
15. (Ye	Was Deceased Ever in U. S. A. s, no or unknown) (If yes, give wo	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	,,,,,		320000	Mabel A. Pau	lus, dght. 28	47 Mayfield Ave.,
-	18.54211		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITI	ON DIRECTLY	i)	1 1 1	0	ONSET AND DEATH
		LEADING TO DEATH			Jejunal	
	(This does not mean the made of dying, e.g., DUE TO			U Well Con	O	
	heatt failure, asthenia, etc. It means the disease, injury ar complication which caused death.)			OUC CO L		
	ANTECEDENT O	AUSES	(B)		800 waaaaaa 000 aaaaaaaaaaaa 000 aga 0	
	DISEASES OR CONDITION	IS if any a	DUE TO			
	rise to the obove caus	ie (A) stating	-		8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
	UNDERLYING CONDITION	last.				
ATION	TO THE DEATH BUT NO	TIONS CONTRIBU	JTING			
	DISEASE OR CONDITION CA) Inc			
FIG	19A. DATE OF OPERATION	9B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	2	7.5		400	452	
U	21 A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, foctory, street,		in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)	
CAL	DEATH (notify medical examiner)					
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While		21F. HOW DID I	NJURY OCCUR?		
MEDI			While At Not Wi	nile 📉		
			Work At Wor			
	22. I certify that (I) (this I			/ /		/
	that (b) (we) last saw the	deceased alive	on 7 AM 13	14 19 65 and	that in (my) (aur) apir	nian death occurred on the dat
	and hour and from the caus	ses stated aba	re. (1) (We) (did) (did not)	view the bady after deat	h.	
	23A. SIGNATURE					23 B. DATE SIGNED

Attending Phys.

23D. ADDRESS

Stoff Phys. Med. Director

14/14/63

(Stote)

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, town, or county)

M.D

Lorraine Park Cemetery

Baltimore, Md.

ADDRESS

258. NAME OF REGISTRAR 1965

bulotte

/18/65

Schimunek Funeral Home, Inc., 3331-Brehms Lane

VS 150-REV. 1/1/65

23C. PHYSICIAN'S NAME (Type)

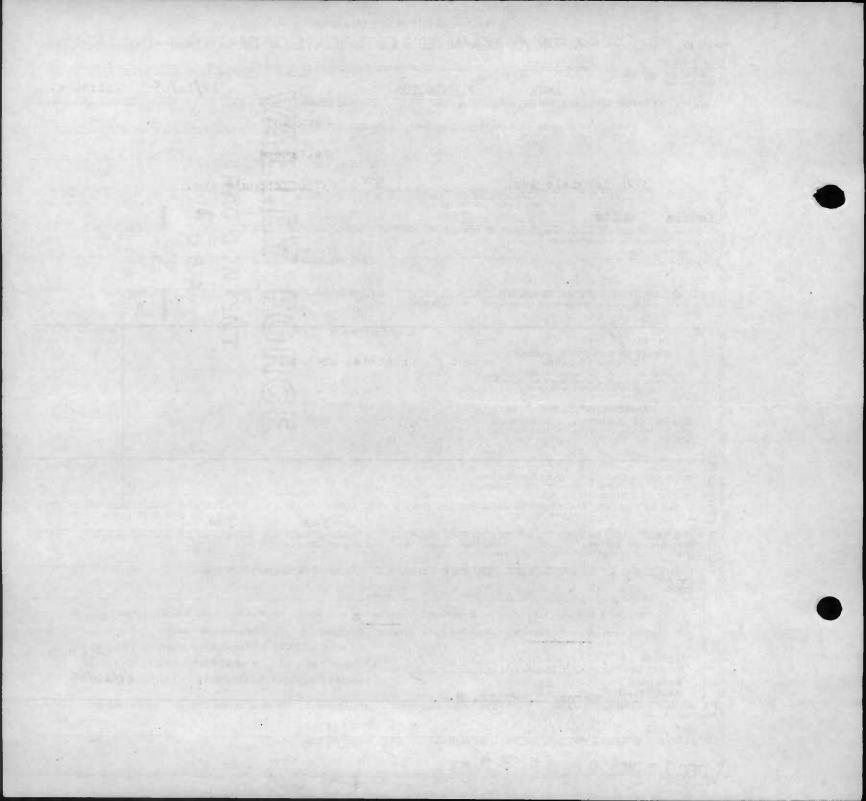
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

A later below a sweet. 20-1-

3/1/2/11					
3 ZACRICAL	EV A A AINTEDIC	CEDTIFICATE OF	DEATHE	· Exiting of	10005
1282 MEDICAL	EXAMINEK 2	CEKTIFICATE OF	DEATH Kegis	stered No	-60 Kd

BIRT	H NO.	TUCKWEL	DICAL EX	AMINER'S C	EKTIFICA	I E OF L	JEA I H Registe	red No LOZO
	CASE NO.							
	e or Print)		REGIN			2. DATE AN	12/14/6	
3 P	ACE IN RAL	IMORE MARYLAND,	NNE	FENNINGTON	IN HISHAL PESID	EN CE (Whose	, , ,	· M,
J. F	LACE III DAG	MAKICAND,	WITERE PROMOT	NCLD DLAD			B. COU	itution: residence before admission INTY
FUL	L NAME OF	(IF NOT IN HOSP	TAL OR INSTITE	TION, GIVE STREET		ryland Wh (If outside	e corporate limits, write	RURAL and give township)
INS	TUTION				Del	ltimana	2	10-24
0					D. STREET ADD	Ltimore RESS (If rurol,	give location)	4 -
		724 Echodal	e Ave.		17/	ol Foho	dale Ave.	
5. S		6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT	H	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.
f	emale	white		DIVORCED (specify)	2/6/1907	7	58	Williams Doy's Troops Williams
10A	USUAL OCC	JPATION (Give kind of w	ork TOB. KIND OF	BUSINESS OR INDUSTR			n country)	12. CITIZEN OF
done	Housewi	working life, even if retired	at	ome	Baltimor	e Md.		WHAT COUNTRY?
13. 1	ATHER'S NAM		0. (Onio	14. MOTHER'S M			
		John L.	Jeskey		Mari	le Bower	•	
15. \	VAS DECEASE	D EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANTS	72L Ech	odale Ave.,	1994st
(162	, no or onknown	All yes, give wor or do	oles of Selvicer	JECOKITI NO.			ngton, husb	
	1B.			CAUS	E OF DEATH			INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTIV					ONSET AND DEATH
		LEADING TO DEA	TH	Bron	chial ast	hma		
	heort foilure	not mean the mode , asthenia, etc. It mea	ns the disease,	DUE TO	***************************************		••••••••••••••••••••••••••••••••••••••	0 0 0 1 2 1 2 1 2 0 0 0 1 2 2 3 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	injury or co	mplication which couse	d deoth.)					
		ANTECENDENT CAU		(B)				
	RISE TO TH	OR CONDITIONS, IF E ABOVE CAUSE (A)	STATING THE	DUE TO				
7	UNDERLYII	NG CONDITION LAS	ſ.	(C)			····	
9								
3		NIFICANT CONDITION						
E		R CONDITION CAUSI		Ht			••••	
CERTIFICATION	19A. DATE OF		ERFORMED	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)		NDINGS CONSIDERED SES OF DEATH?
	2 EVYENNIA	L CAUSE WAS			ye		yes cau	
O	UNDERLYING	OR CONTRIB-	home	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJUR	Y OCCUR?	(If in Baltimore City, gi	ve exact lacation)
		ISE OF DEATH.	etc.)					
	OF INJURY	(Month) (Doy) (Y		TE. INJURY OCCURRED		OW DID INJU	JRY OCCUR?	
	(APPROX.)		m. V	VORK NOT	VORK			
	22.	tify that I held on	Inquiry 🗌	Inspection A	itopsy v on	d that on th	is bosis, death in n	my opinion
		ted from: Notural a		ccident Suicle			Jndetermined monne	
				11-		EDICAL EX		
	ACTUA		1 .	7 (ASSISTANT M			DATE SIGNED
	SIGNAT		Lug VI	M.C	ASSOCIATE M			12/14/65
	NAME (Il. Spit	A. M.U.				//
	BURIAL CRE	MATION, 238 DATE	23	C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (City,	, town, or county) (Stote)
	Burial	170/77	/65 F	loly Redeemer	Cemetery	Ba	ltimore, Md	
244		BY HEALTH DEPT.	248, NAME	OF REGISTRAR	2AC. FUNER		neral Home,	
	PO 1 F	1005 0 0	- O Feel	7	SCILLIA		Brehms Lane	THE.
L.	JF C 17	1809 (14.17)	T PROPERTY		1 1	1 TCCC	Tellie Dalle	



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D.O.A. deceased |

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of death Deceased

death.

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and

BALTIMORE	CITY	HEALTH	DEPARTMENT
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CERTIFICATE OF DEATH

Registered No.

FICA	1 [UF	DE	AIL	1				0	-
		_	12.	DATE	AND	HOUR	OF	DE	AI	ī

Dec. 12,1965 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission

(If not in hospital or institution, give street address or location)

(If outside city limits, write RURAL and give township

Baltimore

D. STREET ADDRESS (If rural, give location)

3801 Hamilton Avenue

9. AGE (In years lost birthdoy) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours

July 23, 1902 63
11. BIRTHPLACE (State or foreign country) Widowed 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY dependence most of working life, even it retired)
Plant Superintendant

7. MARRIED, NEVER MARRIED

WIDOWED, DIVORCED (specify)

Balto. Brick (o.

6. SOCIAL

SECURITY NO.

213-03-0269

James Andrew Lorber Sr.

Union Memorial Hospital

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

BIRTH NO.

M.E. CASE NO. (Type or Print)

FULL NAME OF HOSPITAL OR

INSTITUTION

5. SEX

John Lorber

(Yes, no or unknown) (If yes, give wor or dotes of service)

15. Was Deceased Ever in U. S. Armed Forces

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

6. RACE

14. MOTHER'S MAIDEN NAME Margaret Maier

17. INFORMANT

James A. Lorber Ir.

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meen the made of dying, heart failure, asthenio, etc. Il means the disease, injury or camplication which caused death,)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION IOSI.

CAUSE OF DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT.

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

22. I certify that (I) (*bis hespital) attended the deceased from

21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.)

(If in Boltimore City, give exoct location)

OR CONTRIBUTING _ CAUSE OF DEATH (notify medical examiner) (Hour)

21 A. A CCIDENT WAS UNDERLYING

21 E. INJURY OCCURRED

21 F. HOW DID INJURY OCCUR?

MEDICAL 21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)

While At Work

Not While At Work

and that in (my) (wer) apinian death occurred on the date

and haur and from the causes stated above. (1) (We) (444) (did not) view the body after death.

23C. PHYSICIAN'S NAME (Type

that (1) (we) last saw the deceased alive on.

Attending / Phys.

M.D

23D. ADDRESS

Med. Director

Stoff

23B, DATE SIGNED

24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, town, or county)

REMOVAL (Specify)

Holy Redeemer (emetery

Balto. Md.

John (. Mille Miller Inc-6415 Belair Rd. 21206

VS 150-REV. 1/1/65

. Ended . Desert ace to present defering Hyman 1413/0

VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMENT
DUFLIMOKE	CITT	LIEVELLI	DEIVELLI

65 12827

M.E. CASE NO. 65 12827	CERTIFICA	TE OF DEATH	Registered No.	
1. NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	, 30
Albertha L. L		Dec.	14, 1965	10-am
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	A. STATE B. COUNT	e deceased lived. If in: TY	stitution: residence before admission)
FULL NAME OF III not in hospital or ins	stitution, give street	Maryland)	4-03
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outs	side city limits, write R	URAL ond give township)
1		Baltimore		
		D. STREET ADDRESS (If r	ural, give location)	
1220 Battery Ave		1220 Batter	v Ave.	
	AARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	Months Doys Hours Min.
Female White	Single	8 9 1884	81	
10A. USUAL OCCUPATION (Give kind of work 10B. done during most of working tife, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Indiana		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	0 0 21
Joseph Loftus		Sarah	E. Loftus	
	1 6. SOCIAL	17. INFORMANT		ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of	SECURITY NO.			
No		Mr. Joseph L. L	oftus 1220	Battery Ave
18. 422 11		OF DEATH		INTERVAL RETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY D	. T. D. 1	In Proper	166
LEADING TO DEATH [This does not mean the mode of dying	ng, e.g., DUE TO	cul langer	e 1 aucu	100-
heart lailure, asthenia, etc. It means the	disease,	Cute Cardia terro-Achirlia Car	1 Nacalla	
injury or complication which caused dear	th.)	eno Braine a	mester	to 1
ANTECEDENT CAUSES	(B)	Par And ON	endelum	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) state		ariene au	enous	
UNDERLYING CONDITION last.	(0)			
11				
OTHER SIGNIFICANT CONDITIONS CONT				
	TO THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, etc.)	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Ho	our) 21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
S OF INJURY	While At Not Whi		JAT OCCOR.	
(APPROX.)	Work At Work		10	15
22. I certify that (I) (this hospital) att	tended the deceased from	0/9	9 to 12	114 1965
that (I) (we) last sow the deceased of	ive on 12/14	1961 ond the	ot in(my) (aur) opir	nian death occurred on the date
and wour and from the causes stated a	above. (I) (We) (did) (did not)	view the body ofter death.		
23A SIGNATURE	- 1 1 1	/		23B. DATE SIGNED
Mount & Lankles		tending Med.	Stoff	14/6/65
23 C. PHYSICIAN'S	100	23D. ADDRESS	Phys.	1913/00
NAME (Type)	nitie and wo	1-0:101	661	B1/2-Q
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CE	erg wayye	of he Med	Pal me so Mo
REMOVAL (Specify)	270. ITANE OF CENTEREN OF CE	Z4D. LC	SATION (Cit	y, town, or county) (Stote)
Burial 12 17 65	Mandamad:	T-	TT	
	Meadowrdi		orsey, Howar	d Co. Md.
25A, DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAN	25C. FUNERAL DIRECTOR	orsey, howar	d Co. Md.

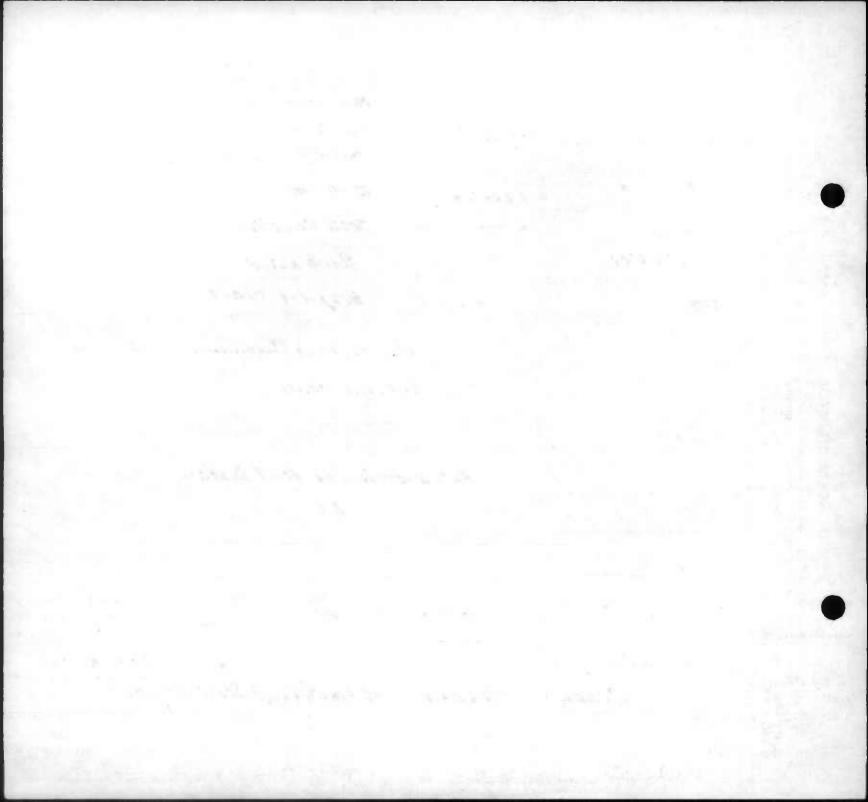
Cleute Cardino Fredore arteus Selentes Carpenine

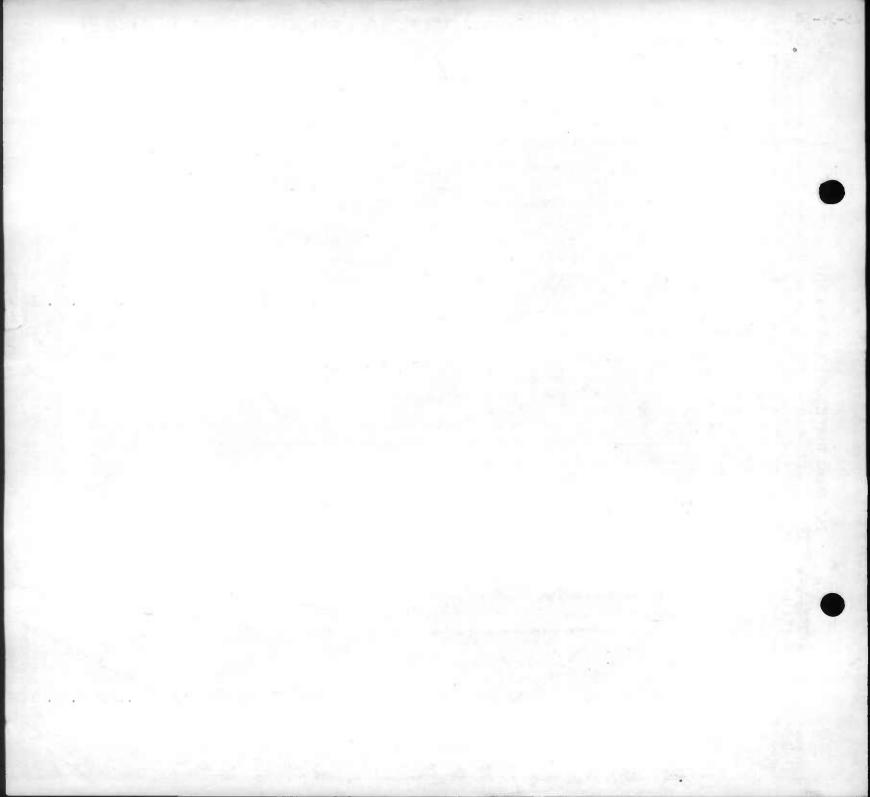
Most of Lautente, W. Los Eph Chouse the Beller

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

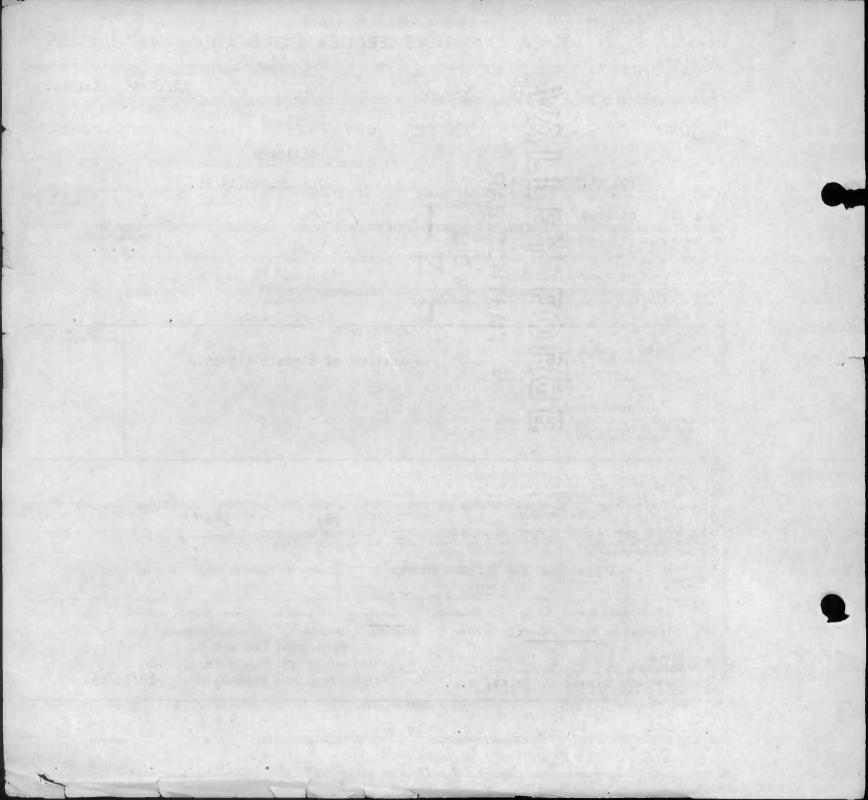
BIRTH NO. 65 128) # (1)			
	CERTIFICA	TE OF DEATH	Registered Na.	65 12828
M.E. CASE NO.		2. DATE	AND HOUR OF DEATH	
Type or Print Dennis Ric	?€	Dee	. 15, 1965	6:15p. N
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	A. STATE B. COL	here deceased lived. It i	nstitution: residence before admission
FULL NAME OF (If not in hospitot or insti HOSPITAL OR oddress or location) INSTITUTION	itution, give street	C. CITY OR TOWN (If	autside city limits, write	RURAL and give township)
Montebello State Ho.	rnital	Baltimoke		
Tollower all althe 1/00		3915 W. 1	of rural, give location) 10/bereiny 57	4.
Male at. WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
IOA. USUAL OCCUPATION Give kind of work 10B, KI	IND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
Retired.		Scoth Canci	lina	USA
3. FATHER'S NAME Uill Rice		14. MOTHER'S MAIDEN N Reng Ka.		
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or doles of se	SECURITY NO. 2/3-10-1834	Hospital	clart	
18. 16 8,11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	130	nchegenje Ca	12010000	2 "Hell' 5 -
(This does not mean the made of dying,				***************************************
heart lailure, asthenia, etc. II means the di injury ar camplicalian which coused death.) like	nous caust -		
ANTECEDENT CAUSES	(B) DUE TO	116660/ - 46106 -	**************************************	3
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving			
UNDERLYING CONDITION last.	g the (C)	~ 0000000000000000000000000000000000000		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO THE ARTERICS	leachs Hem	1 Disease	600ko.0001-
DISEASE OF CONDITION CANSING IT		10.00//		
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	FOR WHICH OPERATION	AC Professional Control of the Contr	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Day) (Year) (Hou	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.)	AC Professional Control of the Contr	IN CERTIFYING CA	AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	IN CERTIFYING CA	AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hou of INJURY (APPROX.)	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While Work	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	IN CERTIFYING CA	re City, give exact location)
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this hospital) atterviance of the contribution	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While Work Moded the deceased fram.	21F. HOW DID IT	IN CERTIFYING CA (If in Boltimo	re City, give exact location) County L.S. 1966
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention (I) (we) last saw the deceased alive	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.)	21F. HOW DID IN	IN CERTIFYING CA (If in Boltimo	re City, give exact location) County L.S. 1966
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.)	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.)	21F. HOW DID IN	IN CERTIFYING CA (If in Boltimo	Cochetted 15 1966
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased aliver and hour and fram the causes stated ab 23A. SIGNATURE	218. PLACE OF INJURY (e.g., inhame, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While Work More an Not While At Work Per an Not While At Work Not While At Work Mark Work Not While At Work At Work	21F. HOW DID IT	IN CERTIFYING CA (If in Boltimo NJURY OCCUR? 19 4 10 10 (aur) ap Stoff 5	re City, give exact location) County 6-5 1966
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased aliver and hour and fram the causes stated ab 23A. SIGNATURE	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work Indeed the deceased fram Ye an December 1 ave. (I) (We) (did) (did nat) while At Work A	21F. HOW DID IT	IN CERTIFYING CA (If in Boltimo	Cocchett 15 19 Cas
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hou of Injury (APPROX.) 22. I certify that (I) (this hospital) attentat (I) (we) last saw the deceased alive and have and fram the causes stated ab 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) CORR J.	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work Indeed the deceased fram Ye an December 1 ave. (I) (We) (did) (did nat) while At Work A	21F. HOW DID IT 21F. HOW DID IT 21F. HOW DID IT 3 19 65 and iew the bady after death and in Director 23D. ADDRESS 4 Nonfebruar	IN CERTIFYING CA (If in Boltimo NJURY OCCUR? 19 40 10 10 10 10 10 10 10 10 10 10 10 10 10	Pre City, give exact location) County 15 1965 Inian death accurred an the date 238, DATE SIGNED DEC 15, 1945
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hou of INJURY (APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased aliver and haur and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While Work At Work Medd the deceased fram Ye an December 1 give. (I) (We) (did) (did nat) very considered to the physical of the	21F. HOW DID IT 21F. HOW DID IT 21F. HOW DID IT 3 19 65 and iew the bady after death and in Director 23D. ADDRESS 4 Nonfebruar	IN CERTIFYING CA (If in Boltimo NJURY OCCUR? 19 40 10 10 10 10 10 10 10 10 10 10 10 10 10	Country (15 19 Graph) Inian death accurred an the date
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hou of Injury (APPROX.) 22. I certify that (I) (this hospital) attentat (I) (we) last saw the deceased alive and have and fram the causes stated ab 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While Work At Work Medd the deceased fram Ye an December 1 give. (I) (We) (did) (did nat) very considered to the physical of the	21F. HOW DID IT 21F. HOW DID IT 21F. HOW DID IT 3 19 65 and iew the bady after death and in Director 23D. ADDRESS 76 Nonfebel	IN CERTIFYING CA (If in Boltimo NJURY OCCUR? 19 65 ta De that in (my) (aur) ap Stoff Phys. & LOCATION (Co.) Sellers rel	Pre City, give exact location) Country 15 1966 Inian death accurred an the dat 238, DATE SIGNED DEC 15, 1965



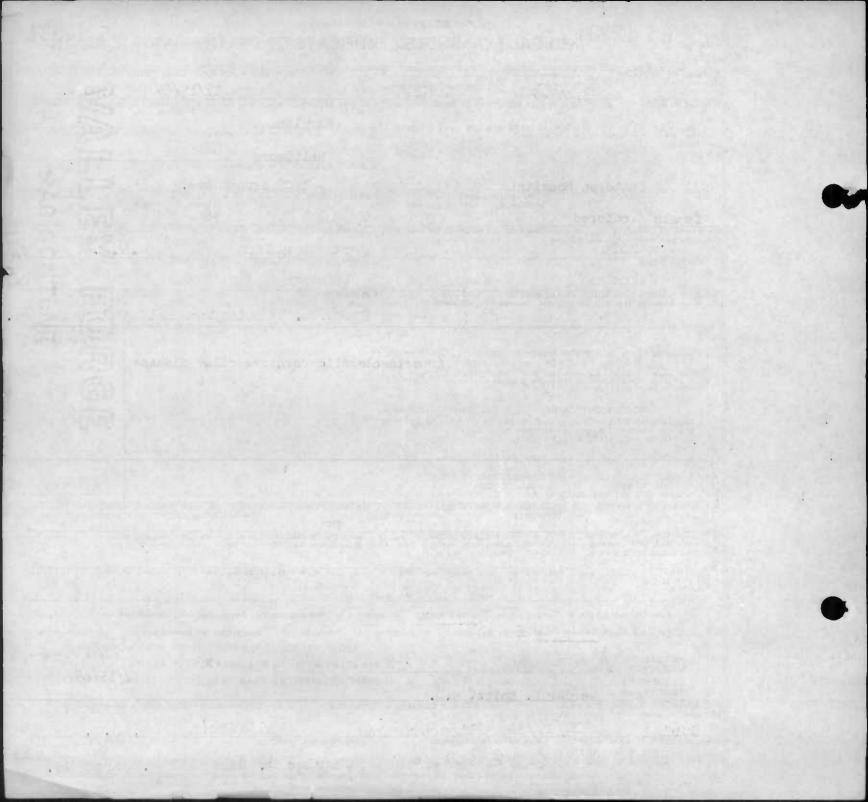


h.7	COUL					
BIRTH NO. 65	-21451	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered Na.

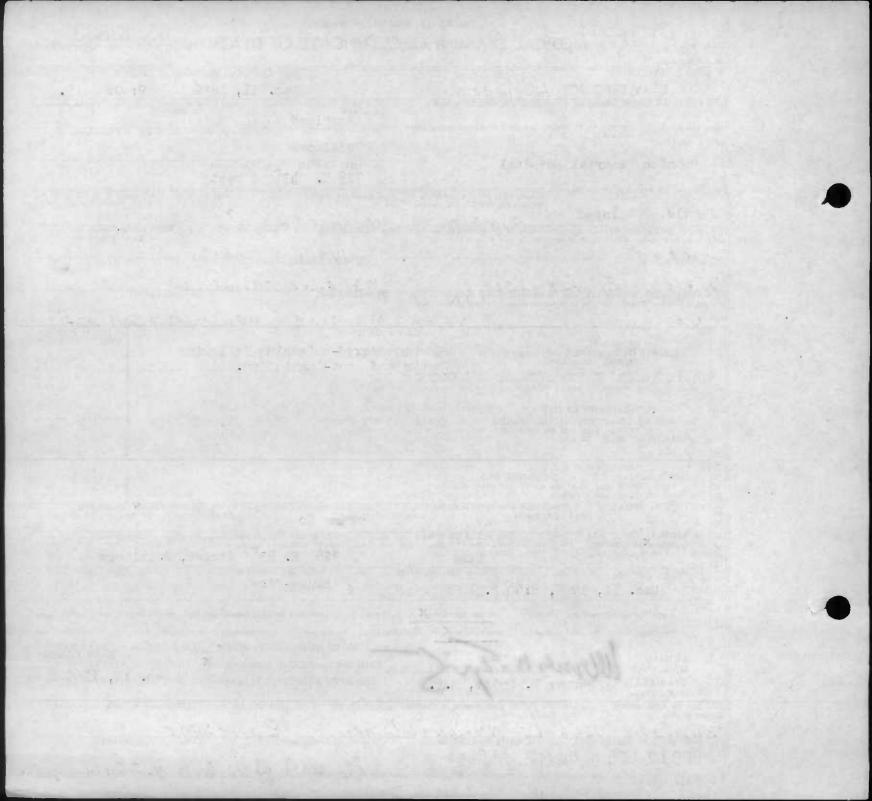
M.E. CASE NO.	21-707		., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		JI DE/(III)	
1. NAME OF DE	CEASED JEANN	CTTA BE	REIDA FORD	2. DA	TE AND HOUR PRONOUNCE	
	JAI	NETTE	FORD		12/	15/65 11:15 a. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If ins B. CO	titution: residence belore odmission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryl	and f outside corporate limits, writ	1 land
HOSPITAL OR	ADDRESS OR LOCA	ATION)				E KOKAC OIIO give lowiishipi
				D. STREET ADDRESS		
	701 1/4 17-7	C+				
5. SEX	704 Mt. Hol		NEVER MARRIED	18. DATE OF BIRTH	t. Holly St.	If Under 1 Yr. II Under 24 Hrs.
			DIVORCED (specify)		lost birthdoyl	Months Doys Hours Min.
female	colored	LIOR KIND OF	DITCHES OF INDUSTS	8/20/65 Y11. BIRTHPLACE (Stote of		12. CITIZEN OF
done during most of	working life, even if retired)	KIOS KIND OF	BOSINESS OF HADOSIK		or toreign country)	WHAT COUNTRY?
13. FATHER'S NAM				Maryland	NAME	U.D.A.
13. FAIRERS HAN	Theodore F	ord			tta Brown	
15 WAS DECEASE	ED EVER IN U.S. ARMED		116, SOCIAL	17. INFORMANT		A DD RESS
	(If yes, give wor or dote		SECURITY NO.			
					Ford 704 Mt.	
18.	フメー		CAUS	E OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DI					
(This does	LEADING TO DEATH			ation of stom	ach contents	
heort foilure	, asthenio, etc. It meons	the diseose,	DUE TO			
	ANTECENDENT CAUSI		(8)			
RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO			
	NG CONDITION LAST.		(C)			
<u> </u>	II.					
OTHER SIG	NIFICANT CONDITIONS					NE DE LE
E DISEASE O	R CONDITION CAUSING		HE			
OTHER SIGNOTHE DISEASE OF TOTAL OF THE DISEASE OF T	F OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE F	
	L CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE	DID (If in Boltimore City, g	ive exoct location)
	OR CONTRIB-	etc.)	, torm, toctory, street,	office bldg., INJURY OCC	:U R?	
E 21 D TIME	(Month) (Doy) (Yeo	er) (Hour) 2	1E. INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
OF INJURY				WHILE		
22.		m. V	VHILE AT NOT	WHILE VORK		
	tify that I held an I	Inquiry	Inspection Au	topsy 🙀 and that	on this basis, death in	my opinfan
resu	Ited fram: Natural ca	uses X A	ccident Suici	de Homicide	Undetermined mann	er _
			7-1	CHIEF MEDICA	AL EXAMINER	
ACTUA		11.5		ASSISTANT MEDIC		DATE SIGNED
SIGNAT		Chita	V	ASSOCIATE MEDIC		12/15/65
NAME (NER'S Werner U	. Spread	M.D.	ASSOCIATE MEDIC	AL EXAMINER _	10/10/
23A. BURIAL CRE	MATION, 238. DATE	23	C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (City	, town, or county) (Stote)
REMOVAL (Specification)		8/65	Mt. Calver	N. P.	Brooklyn, I	[arv]and
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIE		ADDRESS
DF	C 17 1965 A	- 49	Frankoutil			
D 2		Mary -	1 6 0 0	Charles	A. Rice 661	W. Barre St.
VS 151-REV. 1/1/	/65	1 1	0 2 0		•	



M.E. CASE NO.					
1. NAME OF DECEASED MAUDDECIE SI	MITH LEWIS		2. DATE AND HO	UR PRONOUNCED	
MANDECIA	LEWIS			12/15/65	1:00 a. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	A. STATE	DEN CE (Where dece	B. COUN	tian: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	c. CITY OR TO	ryland WN (If outside corp	parate limits, write R	URAL and give tawnship)
			RESS (If rural, give	lacation)	
Lutheran Hospital			1809 Arun		
5. SEX 6. RACE 7. MARRIED, N	EVER MARRIED VORCED (specify)	8. DATE OF BIRT		AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF E	USINESS OR INDUST			untry)	12. CITIZEN OF
dane during most of working life, even if retired) Domestic		North	Carolina		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S N			0.00
Unknown		Unkm	own		
	6. SOCIAL	17. INFORMANT			ADDRESS
Yes, no ar unknawn) (If yes, give wor ar dates of service)	SECURITY NO.		T D		7 67 - 111 - 7 7
		Saran	E. Penni	ngton 19.	13 Walbrook Av
18. 4.	CAU	SE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
UINDERLYING OR CONTRIB- UTING CAUSE OF DEATH, 21D TIME (Month) (Day) (Year) (Hour) 21E		no , in ar obout 21C. office bldg., INJUR	WHERE DID (If in	Boltimare City, give	
OF INJURY (APPROX.)		WHILE WORK			
22. I certify that I held an Inquiry resulted fram: Natural causes Ac ACTUAL SIGNATURE Williams h	Inspection X A	CHIEF N	ide Unde MEDICAL EXAMI MEDICAL EXAMI	termined manner NER	
NAME (Type) Werner II. Spit:	NAME OF CEMETERY		23D. LOCA		own, or county) (State)
	lizabeth	Town		abeth To	
DEC 17 1965 Rech &			les An R	ice 667	W. Barre St.
VS 151-REV. 1/1/65	3 41				0 20110 200

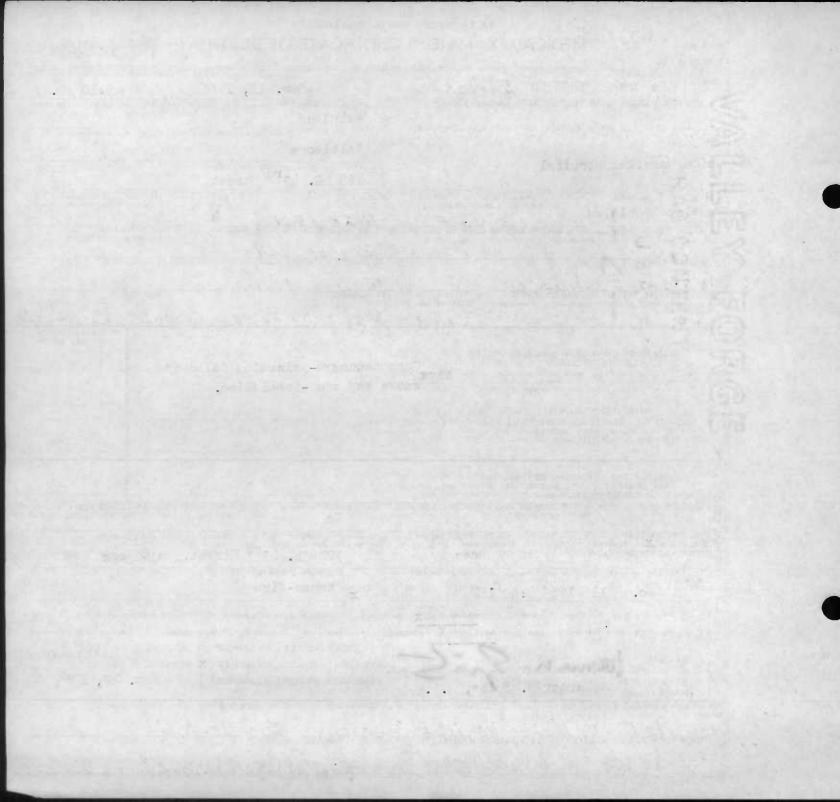


BIRTH NO. 3-09337 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 12832
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
Type or Pring Lisa FERGUSON Bniscoe	Dec. 11, 1965 9: 00 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. City OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
Union Memorial Hospital	D. STREET ADDRESS (If much, give locotion) 728 E. 43 rd Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female Colored SINGLE	14-12-1963 2 YIII. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) 13. FATHER'S NAME	Balto MAIDEN NAME WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL (Yes, no or unknown), lift yes, give wor or dotes of service) SECURITY NO.	Manaene Fenguson Address
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Margene Fereuson 1206 Springfield Am
DISEASE OR CONDITION DIRECTLY Carbonn	e of Death monoxyd-poisoning following and soot-inhalation.
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. CAUSE OF DEATH. Comme form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) office bldg, injury occur? 728 E. 43 Street, Baltimore 21F. How DID INJURY OCCUR? house-fire
ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED
NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 23 D. LOCATION (City, town, or county) (State)
BUNGAL 12-16-65 National Co	PAC. FUNEPAL DIRECTOR ADDRESS
DEC 17 1965 Robert E. Farley 19	Revoloble Collich 14/2 E. Preston St.
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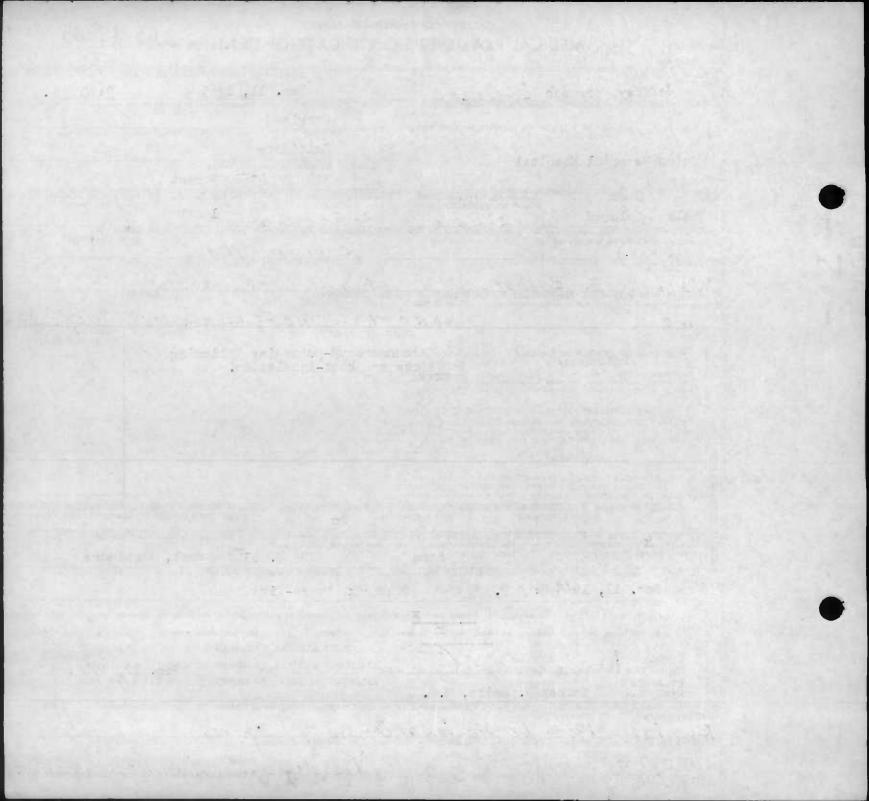
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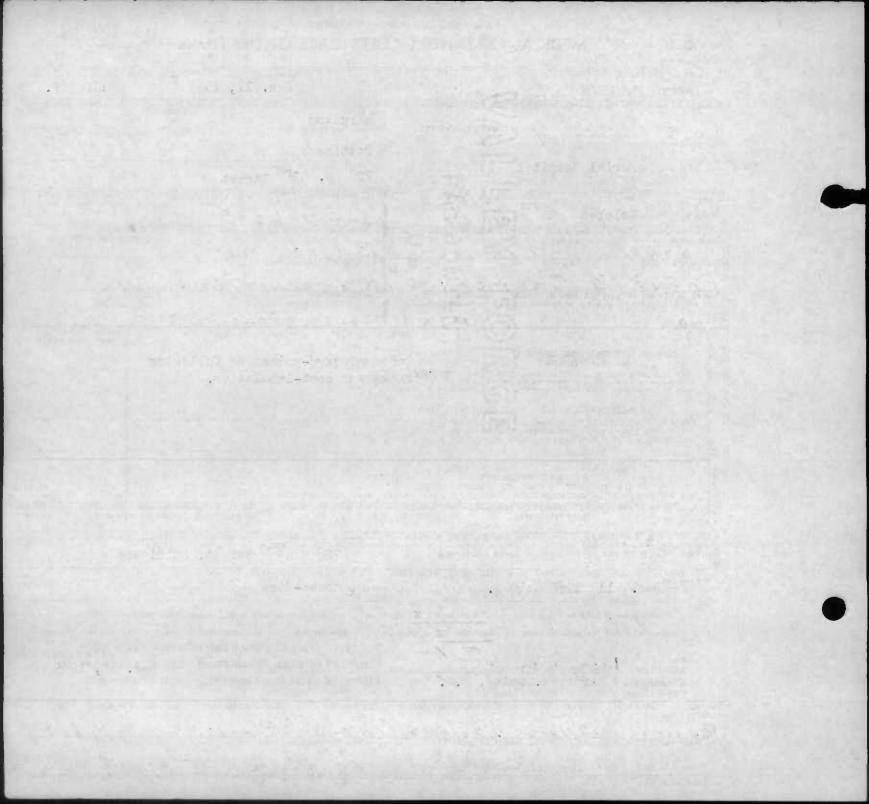
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	/) }	20004	BALTIMORE CITY	HEALTH DEPARTMENT		
	111 1101	12834	CERTIFICA	TE OF DEATH	Registered No.	5 12834
M.	E. CASE NO.	0			D HOUR OF DEATH	115
(Ty	pe or Print) THOR	PE ROD	SERT A.	12/1	1/65	5 43 P M.
	PLACE OF DEATH IN BAL	TIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. It instit	ution: residence before ofimission)
	FULL NAME OF (If n HOSPITAL OR addr INSTITUTION	at in haspital ar instituti ess ar lacotian)	an, give street	C. CITY OR TOWN (If outs	side city limits, wrife RUR	(AL and give township)
	Baltimore of	City Hosp	itale	D. STREET ADDRESS (IF	utol, give lacotian)	- '
4	1940 Eastern A	vende, Balto	Md. 21224	2706 CE	CIL AVE	18
5.	M 6. RACE		WED, DIVORCED (specify)		9. AGE (In years In ast birthday)	f Under 1 Yi. If Under 24 Hrs.
	USUAL OCCUPATION (G		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar foreig	gn country)	2. CITIZEN OF WHAT COUNTRY?
	STUDE ~		school	MARYLA	-ND	4.5 A
13.	FATHER'S NAME	f- 1:		14. MOTHER'S MAIDEN NAM	AE /	
	ROBERT	THORP	¢	ANNETTE	BRAD SHE	ER
15. (Ye	Was Deceased Ever in U. s, no oi unknawn) ((f yes, giv	S. Armed Farces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT RECORDS	S:	ADDRESS
	NO		219-44-9695	BCH; 4940 Easte:	rn Avenue, Ba	lto. Md. 21224
	18.	1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		NDITION DIRECTLY	6) - //		
	(This does not meon t	TO DEATH he mode of dving.	e.g., DUE TO	ONTINE HEI	4170 KHAGE	12 M S
	heart foilure, asthenia, a	elc. Il meons the dise	ose,	CUTE BLAST		
		NT CAUSES	(B) 4 C	UTE BLAST	TIC LEUKEN	14 7 MONS.
	DISEASES OR COND	ITIONS, if ony, giv	505 10			
	rise to the obove		lhe (C)	200 200 m 0 0 w 2 0 0 0 0 w 0 0 0 0 0 0 0 0 0 0 0	* \$ \tau \tau \tau \tau \tau \tau \tau \tau	
		11				
CERTIFICATION	OTHER SIGNIFICANT CO	T NOT RELATED TO	TING THE			
CA	19A. DATE OF OPERATIO	N 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or Not	208. IF YES, WERE FIN	DINGS CONSIDERED
RTIF	0	WAS PERFORMED		No	IN CERTIFYING CAUSE	S OF DEATH?
	OR CONTRIBUTING C	AUSE OF	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, a etc.)	n or obout 21 C. WHERE DID	(If in Baltimare C	ity, give exact lacation)
MEDICAL	21 D. TIME (Month) OF INJURY	(Day) (Year) (Haur)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
-	(APPROX.)		While At At Wark			
	22. I certify that (I) (t	his hospital) attende	ed the deceased fram		9 65 to De	19 65
	that (1) (we) last saw	the deceased alive	on Decil	19 65 and the	at in(my) (s or) apinia	in death accurred on the date
		causes stated above	e. (1) (We) (did) (did nat) v	riew the bady after death.		
	23A. SIGNATURE		M.D. Att	ending Med.	Stoff -	BR DATE SIGNED
	23C. PHYSICIAN'S	sen	Phy	s. Director	Phys. X	19011/65 222A
	NAME (Type)	POSEN	M.D.	Balt Cal	y Kapila	Balt MD
24	REMOVAL (Specify)	24B. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City,	tawn, or caunty) (State)
K	Removal	12-15-65 1	edan Grove (enevery Rox	vboro. N.	0.
25	A. DATE REC'D BY HEALT	H DEPT. 258 NAA	AP OF AEGISTRAR	25C FUNERAL DIRECTOR	000,0	ADDRESS
11	DEC 17 1965	Ulabar -	June 1	· Naudolphi kit	00 leck 1413	26, Preston St.

March 12 2 march 19 mg 2 100 12 America Commercia The state of the state of

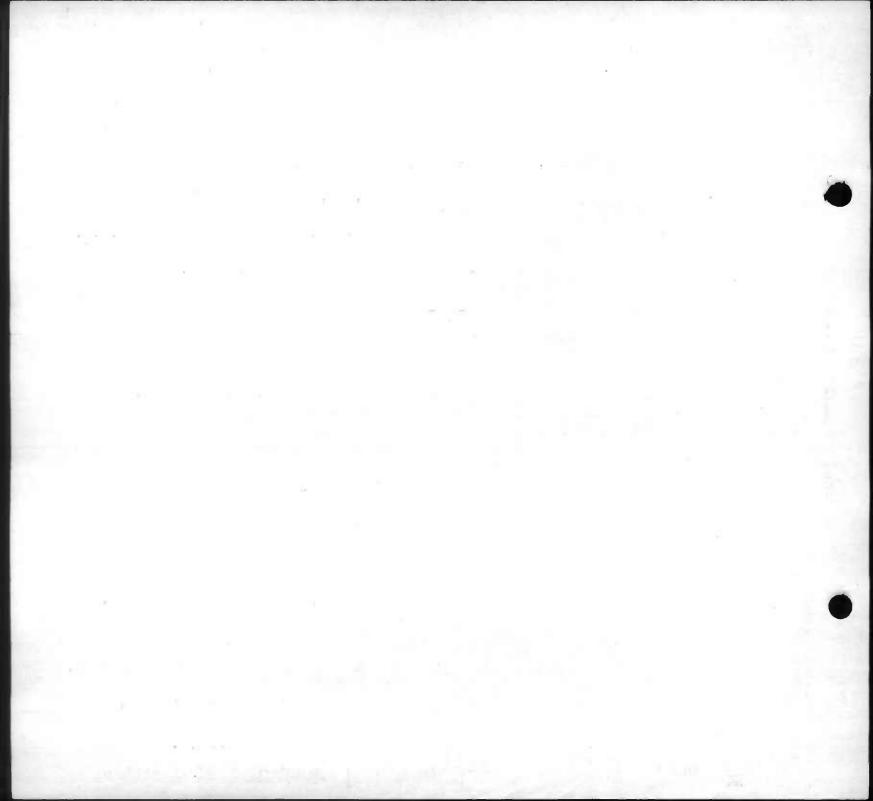


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(3) (3) in v
e approved by the chief medical examiner or his assistant if death occurred in a hospital and it to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tall (except where the physician who pronounced death was in regular attendance on the this; and (6) No physician was in regular attendance on the deceased prior to death. Such the obtained before the remains are embalmed or final disposition is made;
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made:
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		CE 4909	-,	BALTIMORE CITY	HEALTH DEPARTMENT	(TE 40000	
BIRT	H NO,	65 1283	1	CERTIFICA	TE OF DEATH	Registered No.	55 12837	
	CASE NO.			CERTIFICA				
	AME OF DECEA				2. DATE A	ND HOUR OF DEATH		
	Alle	en J. (Alan)	Moore		Decem	ber 14, 196	5 6:45a M.	
3. P	LACE OF DEAT	H IN BALTIMORE, MAR	YLAND		A, STATE B. COU	ere deceased lived, If in: NTY	5 6:45a M. stitution; residence before odmission)	
	ULL NAME OF	(If not in hospital o	Institution	nive about	Marylan	d		
-	OSPITAL OR	oddiess or location)		, give sheet	C. CITY OR TOWN (If or		URAL and give township)	
11	NSTITUTION	Provident	Hosn	ital			-1	
19		1514 Divi			D. STREET ADDRESS (IF	rurol, give location)	3 0/	
1/					3303 7	Q.1	1	
5 6	Ev I/			yland 21217 D. NEVER MARRIED	B. DATE OF BIRTH	urens Stree		
5. 5		RACE		ED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
	Male	Negro	Mar	ried	Feb, 22, 1922	43		
			OB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?	
done		rking life, even it retired)			Nambb Camali	M. C.	U.S.A.	
13.	nor			none	North Caroli	U.D.A.		
	I ATTICK J HAINS				THE THE PARTY OF T	.,,,,,		
		waterown We	llin	g J. Moore	WAXAWW	Addie L.	Moore	
15.	Wos Deceosed E	ver in U. S. Armed Force If yes, give wor or dotes	es?	1 6, SOCIAL	17. INFORMANT		ADDRESS	
1163	, no or unknown/(r yes, give wor or dores	of selvice				523-0465	
7	Yes	WW II		240-18-0364	<u> </u>	-friend sa		
	18.307	XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		OR CONDITION DIRE	CTLY					
	(This does not mean the mode of dying, e.g., heart foilure, a sthenia, etc. It means the disease,							
	injury as complication which coursed doubt							
	ANTECEDENT CAUSES (B) Chronic alcoholism with cirrhosis DUE TO of the liver							
	DISEASES OF							
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)							
	UNDERLYING							
Z		II CANT CONDITIONS CO						
ATION		ATH BUT NOT RELAT		HE				
CA	19A. DATE OF C			WHICH OPERATION	20A. AUTOPSY? (Yes or N	of 20B. IF YES, WERE F	INDINGS CONSIDERED	
CERTIFIC	20	WAS PERFO	DRMED			IN CERTIFYING CAL	JSES OF DEATH?	
CER	21A. ACCIDENT	WAS UNDERLYING	21	B. PLACE OF INTURY (e.g., i	n or obout 21C. WHERE DID	(It in Boltimore	City, give exact location)	
	OR CONTRIBUTI	MAS UNDERLYING I	ho	ome, form, foctory, street, o	ffice bldg., INJURY OCCUR?	111 111 0011111010	ony, give eneer reconstr	
CAL	DEATH (notify m	redical examined	et	c.)				
MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Whi			E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
2				ite 📉				
				/ork At Work				
	22. I certify that (1) (this haspital) attended the deceased from December 4, 1965 to December 14, 1965,							
	that (1) (we) last sow the deceased alive on December 14, 19 65 and that in (my) (our) opinion death occurred on the date							
	and hour and from the causes stated above. (1) (We) (dld) (did not) view the body ofter death.							
	23A. SIGNATURE	23 B. DATE SIGNED						
	TOTAL STORAGE			M.D. Att	ending Med	Stoff		
		1.3	cer	Phy		Phy s.	December 15, 1965	
	23C. PHYSICIAN NAME (Typ	S	,		23D. ADDRESS			
	I I I I I I I I I I I I I I I I I I I		hound	M.D.	1514 Division	Street_Belt	imore, Maryland	
240	BURIAL CREM		diguad	NAME OF CEMETERY OF CR				
-70	REMOVAL (Sp.		240.	Transcor Generality of CK	240,	LOCATION (Ci	ly, town, or county! (Stotel	
I	Burial	12/20/6	5 B	alto Nationa	1 Cemetary F	Relto. Ma		
_		Y HEALTH DEPT.	25B. NAME		25C. FUNERAL DIRECTO	R	ADDRESS	
	DEC 17	1965 120	FE S	Salley H. 1	When Calling And	A 000 TO N	Sanda Alex	
L.	DEC A		7 9	5 5 6 7	I MAI O' MET CL	ASS E. V	orth Abe	
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FUNERAL DIRECTOR: IMPORTANT

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	C5 49099	BALTIMORE CITY	HEALTH DEPARTMENT	65	12838			
	тн но. 65 12838	CERTIFICA	TE OF DEATH	Registered No.	12000			
1.1	E CASE NO. HAME OF DECEASEO pe or Print)	Harrison	2. DATE AND	HOUR OF CEATH	1750			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	73441304	4. USUAL RESIDENCE (Where A, STATE B. COUNT	deceased lived If instituti	ion: residence before admission)			
	FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location) INSTITUTION	, give street	Marulan	/	Baltimore Liond give township)			
V	Union Nemorial H	lospital	1	urol, give locationly	12-04			
5. :	SEX 6. RACE 7. MARRIED	D, NEVER MARRIED	# 23 E 8. OATE OF BIRTH 9	10	Under 1 Yr. If Under 24 His.			
	M	Widowed	4/74	91				
	USUAL OCCUPATION (Give kind of work 108, KINO Company to the during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPEACE (State or foreig		CITIZEN OF WHAT COUNTRY?			
	Retired		Virgi	カノフ	USA			
113.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .				
	William Harr	1502						
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Mrs. Lenz Her	rison 4231	EJJ ST,			
	DISEASE OF CONDITION DIRECTLY	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A)	D N	ermoniz	Bwks			
	(This does not mean the made of dying, e.g heart failure, osthenio, etc. II means the diseosc	OUE TO		00 Tinain o fat Food Tro 0 famour	**************************************			
	injury ar complication which caused death,) ANTECEDENT CAUSES	(B)						
	DISEASES OR CONDITIONS, if any, givin	OUE TO		67.	/			
	rise to the above cause (A) stoling th		**************************************					
	11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO OISEASE OR CONDITION CAUSING IT.	NG THE			190			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES, WERE FIND	INGS CONSIDERED			
CAL CE	OR CONTRIBUTING CAUSE OF he	IB. PLACE OF INJURY (e.g., in ome, faim, factory, street, of c.)	or obout 21 C. WHERE DID	(If in Boltimere City	, give exact location)			
MEDIC	21 D. TIME (Month) (Doy) (Yeoi) (Hour) 21 OF INJURY	E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
2	(A DDDOV)	Vhile At Not While At Work						
	22. I certify that (I) (this hospital) attended	the deceased from	/2 / // 19	9 65 10	12/16 19.65			
	that (I) (we) lost-sow the deceased alive on	12/1	4 19 65 ond the	t in (my) (our) opinion	deoth occurred on the dote			
	and hour and from the causes stated above.							
	23A. SIGNATURE	4			DATE SIGNED			
	Thudson Fer			Stoff Phys.	12/16/1945			
	PAGE (Type) HUDSON FESCHE	Le M.D.	UNION M	EMORIAL HOS	PITAL			
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C.1	NAME OF CEMETERY OF CRE		1	wn, or county) (Stote)			
25	Bure 1 13/20/65 P	of REGISTRAR	25C. FUNERAL DIRECTOR	in Brondel	AOORESS			
237	DEC 17 1965 P. P. 8- 8 30	Par Mar O	WM MARS	H 928E.	North Ave			
VS	150-REV. 1/1/65							

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ASE NO. ARE OF DECEASED OF Print) NORMA CE OF DEATH IN BALTIMORE, MA LL NAME OF SPITAL OR oddress or location TITUTION ABOVE THE CONTRACT OF THE CONTRA	WATTS RYLAND or institution, give street HOSPITAL 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify) WIDOWED 108. KIND OF BUSINESS OR INDUSTRY	2. DATE AND HOUR OF DEATH 12-16-65 4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write Baltimore D. STREET ADDRESS (If rural, give location) 116 W. University P. B. DATE OF BIRTH 9. AGE (In years last bighday) 11-2-80 11. BIRTHPLACE (State or lareign cauntry) Baltimore, Md. 14. MOTHER'S MAIDEN NAME	institution: residence before admis			
AE OF DECEASED OF Pint) NORMA CE OF DEATH IN BALTIMORE, MA L. NAME OF SPITAL OR Oddress or location THUTION CE OF DEATH IN BALTIMORE, MA CE OF DEATH IN BALTIMORE, MA CHAPTER OF COLUMN AND ADDRESS OF LOCATION COLU	RYLAND or institution, give street in Hospital 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed 108. KIND OF BUSINESS OR INDUSTRY	A. USUAL RESIDENCE (Where deceased lived, If B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write Baltimore D. STREET ADDRESS (If rural, give locotion) 116 W. University P. B. DATE OF BIRTH O. AGE (In years lost birthday) 11-2-80 KA 85 11. BIRTHPLACE (State or lareign country) Baltimore, Md. 14. MOTHER'S MAIDEN NAME	institution: residence before admis RURAL and give township) arkway If Under 1 Tr. If Under 24 Months Days Hours Mi 12. CITIZEN OF WHAT COUNTRY?			
L NAME OF SPITAL OR address or location address address address or location address ad	HOSPITAL 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WIDOWED WIDOWED 108. KIND OF BUSINESS OR INDUSTRE	A. STATE 8, COUNTY Maryland C. CITY OR TOWN (If outside city limits, write Baltimore D. STREET ADDRESS (If rural, give locotion) 116 W. University P. 8. DATE OF BIRTH 9. AGE (In years last birthday) 11-2-80 8885 11. BIRTHPLACE (State or lareign country) Baltimore, Md. 14. MOTHER'S MAIDEN NAME	If Under 1 Tr. If Under 24 Month's Days Hours Mi			
he Johns Hopkins Comparison of the Comparison	HOSPITAL 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WIDOWED WIDOWED 108. KIND OF BUSINESS OR INDUSTRE	C. CITY OR TOWN (If outside city limits, write Baltimore D. STREET ADDRESS (If rural, give location) 116 W. University P. B. DATE OF BIRTH 11-2-80 11. BIRTHPLACE (State or lareign country) Baltimore, Md. 14. MOTHER'S MAIDEN NAME	If Under 1 Tr. If Under 24 Month's Days Hours Mi			
he Johns Hopkins 6. RACE W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed 108. KIND OF BUSINESS OR INDUSTRY	Baltimore D. STREET ADDRESS (If rural, give locotion) 116 W. University Policy B. DATE OF BIRTH 11-2-80 BIRTHPLACE (State or lareign country) Baltimore, Md. 14. MOTHER'S MAIDEN NAME	If Under 1 Tr. If Under 24 Month's Days Hours Mi			
SUAL OCCUPATION (Give kind of work uring most of working life, even if refired) HOUSEWIFE THERS NAME njamin Watts s Deceased Ever in U. S. Armed For	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed 108. KIND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH 11-2-80 11. BIRTHPLACE (State or lareign country) Baltimore, Md. 14. MOTHER'S MAIDEN NAME	If Under 1 Tr. If Under 24 Months Doys Hours Mi			
SUAL OCCUPATION (Give kind of work uring most of working life, even if refired) HOUSEWIFE THERS NAME njamin Watts s Deceased Ever in U. S. Armed For	WIDOWED, DIVORCED (specily) Widowed 108, KIND OF BUSINESS OR INDUSTRT	11-2-80 lost birthdoy 85	12. CITIZEN OF WHAT COUNTRY?			
uring most of working life, even if retired) Housewife THERS NAME njamin Watts s Deceased Ever in U. S. Armed For		Baltimore, Md.	WHAT COUNTRY?			
THERS NAME njamin Watts s Deceased Ever in U. S. Armed For	ces? 16. SOCIAL	14. MOTHER'S MAIDEN NAME	U.S.A.			
njamin Watts s Deceased Ever in U. S. Armed For o or unknown) (If yes, give wor or date	ces? 16. SOCIAL	14. MOTHER'S MAIDEN NAME				
s Deceased Ever in U. S. Amned For a or unknown) (If yes, give wor or date	ces? 16. SOCIAL	Maren Area Theresis at the 1				
s Deceased Ever in U. S. Amned For a or unknown) (If yes, give wor or date	ces? 16. SOCIAL	Mary Ann Henrietta	Wise			
		17. INFORMANT	ADDRESS			
	s of service) SECURITY NO.	Hospital Records				
120 X I	CAUSE O	-				
100/			ONSET AND DEATH			
LEADING TO DEATH	BR	ONCHO PNEUMONIA	4 1105			
	dying, e.g., DUE TO		1			
	deoth.)	sunded de lest	1, -			
ANTECEDENT CAUSES	(B) CA (C	(IN OMA OF CEPT	1 year			
ISEASES OR CONDITIONS, If	AC 1					
se la lhe obave cause (A)		***************************************				
ADERETING CONDITION 1081.						
THER SIGNIFICANT CONDITIONS C	ONTRIBUTING					
A. DATE OF OPERATION 198. CON	FINDINGS CONSIDERED					
= 12-15-65 POSSIBLE CHOLECYSTAS YES						
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURT (e.g., in ar about 21C. WHERE DID hame, lorm, loctory, street, affice bldg., INJURT OCCUR?						
EATH (natily medical examiner)	NO etc.)					
21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURT OCCURRED 21F. HOW DID INJURT OCCUR?						
While At Not While						
22. I certify that (I) (this haspital) attended the deceased fram 12 - 6 1965 to 12 - 16 1965						
and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.						
A. SIGNATURE	V. AL MARIAN	tending Med Statis	23B. DATE SIGNED			
Assess J	Ph)	ys. Director Phys.	12-16-6.			
C. PHTSICIAN'S NAME (Type)		23D. ADDRESS				
1 1	CAMIDT M.D.	60/ N. BROADWAY B	ALTO, MP 2/20x			
URIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CR		City, town, or county) (St.			
- Dec 101	.965 Loudon Park	Baltim	ore,Md.			
DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
PI ST TON A RE LET TO THE PERSON OF THE PERS	LEADING TO DEATH nis does not mean the made of ant laiture, asthenia, etc. It means ant control of the made of ant laiture, asthenia, etc. It means ant control of the made of ANTECEDENT CAUSES SEASES OR CONDITIONS, if e la the obave cause (A) NDERLYING CONDITION lost, IT THER SIGNIFICANT CONDITIONS CONTROLOR OF THE DEATH BUT NOT RELA ISEASE OR CONDITION CAUSING IT A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (natily medical examiner) D. TIME (Month) (Day) (Year) INJURY PPROX.) LI Certify that (I) (this haspital and (I) (we) last saw the decease d haur and fram the causes state A. SIGNATURE C. PHISICIAN'S NAME Type) URIAL CREMATION, EMOVAL (Specily) BUTIAL Dec. 181	e la lhe obave cause (A) sloling the (C) NDERLYING CONDITION lost. II THER SIGNIFICANT CONDITIONS CONTRIBUTING D. THE DEATH BUT NOT RELATED TO THE SISEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED OSSIBLE CHOLE (YSTINS) A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (natily medical examiner) D. TIME (Month) (Day) (Year) (Haur) INJURT PPROX.) I certify that (1) (this haspital) attended the deceased fram OTHER (We) last saw the deceased alive an (D) A. SIGNATURE D. SCHMICT While At (We) (did) (did nat) A. SIGNATURE D. SCHMICT M.D. At Ph C. PHTSICIAN'S NAME (Type) WILLIAL CREMATION, 248. DATE DOC 181965 LOUGON PATK ATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	LEADING TO DEATH In side on most mean the mode of dying, e.g., and ladiure, asthenia, etc. If means the disease, jury or camplication which coused death.] ANTECEDENT CAUSES SEASES OR CONDITIONS, if any, giving e to the obave cause (A) sloting the NDERLYING CONDITION tost. II THER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE SEASE OR CONDITION CAUSING IT. A. ACDATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CHOLE (Y) TITL YES A. ACDATE OF OPERATION 198. CONDITION FOR WHICH OPERATION YES A. ACCIDENT WAS UNDERLYING CHOLE (Y) TITL YES A. ACCIDENT WAS UNDERLYING TO THE INJURY OCCURRED While All Mark with the couses stated above. (I) (We) (did) (did not) view the bady after death. A. Certify that (II) this haspital) attended the deceased from 190. and that In (190. (aur) and thour and from the causes stated above. (II) (We) (did) (did not) view the bady after death. A. SIGNATURE DEC. PHISICAN'S NAME (I) SPECIAL PROPERTY OF CREMATORY 124D, LOCATION (INDIVIAL CREMATION) 24D, LOCATION (II) PROVAL (Specily) Dec. 181965 Loudon Park 125D. FUNERAL DIRECTOR (II) Park the province of the property of the province			

24A. BURIAL CREMATION, REMOVAL (Specily) BICOADWA 24C, NAME OI CEMETERY OF CREMATORT BARTO, MD 2/201 24D. LOCATION (City, town, or county) (State) Dec.181965 Loudon Park Baltimore, Md. Burial
25A. DATE REC'D
DE-C 17 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

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VS 150-REV. 1/1/65

07 45040	BALTIMORE CITY	HEALTH DEPARTMENT	6	5 12840
BIRTH NO. 65 12840	CERTIFICA	TE OF DEATH	Registered Na.	U 12040
I. NAME OF DECEASED	7		HOUR OF DEATH	4
	AVIS		16-65	5-15 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		tution: residence before admission
FULL NAME OF (If not in hospital or institution, gr	ve street	MD.	50/1	1
HOSPITAL OR oddross or locotion)		0 -	do city limits, write RU	RAL and give township)
4	11.0	D. STREET ADDRESS (IF TO	rol. give location)	
UNION MEMORIAL	HOSPITAL	211 OAK		21210
	NEVER MARRIED DIVORCED (specify)		AGE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
done during most al working lite, even if retired)		MD.		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E. Emil	y Thompson
charles H 6,08	5	Vixalnia	1. Do	
5. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT		ADDRESS
(If yes, give wer or dotes of service)	SECURITY NO.	D. alston I	avis 5	A.A.
18. 2 6 0 VI	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	A	0.10		ONSET AND DEATH
LEADING TO DEATH	(A) My o	cardial Docomp	usalion or	Hours
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	Infare	tion	
injury at camplication which coused death.)	(B) Cer	ebral agrante	ia and	Horas
DISEASES OR CONDITIONS, if any, giving	DUE TO			Mattand (a da da da a a a da da a a a a da da a a a a da d
rise to the above cause (A) stating the	(C) DIO	betes melhi	tr	Years
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	,/	0 . 6)	
TO THE DEATH BUT NOT RELATED TO THE	Hemi	legia (R)		
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED
Dec 3 1965 Intest. Ol	struction	ho		
OR CONTRIBUTING CAUSE OF home	LACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore (City, give exact location)
DEATH (notify medical examiner) etc.)				
UF INJURY	INJURY OCCURRED e At Not While	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) Work	At Work			
22. I certify that 🙌 (this hospital) attended the	e deceased fram	12-3 19	65 to	12-16 19 65
that (1) (we) last saw the deceased alive an	Doc	16 19 65 and the	rin(my) (mw.) apini	an death accurred an the da
and haur and from the causes stated above. (1)	(Handib) (did not)	view the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
Cerchen M. Salsra			hys.	12-16-65
23C. PHYSICIAN'S NAME (Typo)	BRUCE IR	23D. ADDRESS		
ARTHUR M. LABRUCE	JR. M.B.	Unin h	remorial	Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAI REMOVAL (Specify)	ME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	, town, or county) (State)
	Loudon Park		Baltir	nore,Md.
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF		25C. FUNERAL DIRECTOR	,	ADDRESS
AFC 17 1965 (1) Pro 15 2 100 1969	5 5 0 0	Mrs 4 Frak	une of Saul	1- Vlasthalta Aus

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FUNERAL DIRECTOR:

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Undetermined cause; (5) contributing cause

Lynwood Ernest Gregory

US Public Health Service Hospital

2. DATE AND HOUR OF DEATH Dec. 5, 1965

3. PLACE OF DEATH IN BALTIMORE MARYLAND

Wyman Pk. Drive & 31st St.

12: RESIDENCE (Where deceased lived, if institution; rasidence before admission)

FULL NAME OF HOSPITAL OR

(If not in hospital or institution, give stroet address or lacation)

Md.

R. DATE OF BIRTH

C. CITY OR TOWN (If outside city limits, write RURAL and give township)

Baltimore D. STREET ADDRESS (If rural, give location) 617 S. Bradford St.

Va

If Under 1 Yr. If Une If Under 24 His.

IGA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

WIDOWED, DIVORCED (specify)

lost birthday)

9. AGE (In years

12. CITIZEN OF

done during most of working life, even if retired) Messman

6. RACE

Seafarer

7. MARRIED, NEVER MARRIED

Div.

14. MOTHER'S MAIDEN NAME

WHAT COUNTRY? USA

13. FATHERS NAME

Richard T. Gregory

Cora Lee

ADDRESS

No

5. SEX

15, Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yos, give wor or dotos of service) 6. SOCIAL SECURITY NO. 17. INFORMANT

578-07-2565 Records- US PHS Hospital, Balto, Md. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injuly of camplication which coused death,)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, to the above cause (A) stoting the UNDERLYING CONDITION IOSI.

Acute congestive heart failure

hours

upper

Massive/gastrointestinal hemorrhage

hours

(C) Nutritional cirrhosis

years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yos or No)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)

21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? atc 1

(If in Boltimoro City, give exect location)

MEDIC 21 D. TIME OF INJURY (APPROX.)

(Month) (Doy) (Your) (Hour) 21 E. INJURY OCCURRED Not While While At

21F. HOW DID INJURY OCCUR?

Work At Work

that (1) (we) last saw the deceased alive an.

22. I certify that (1) (this haspital) attended the deceased fram... Dec. 5

and that in(m) (aur) apinion death accurred on the date

and haur and from the causes stated above. (1) (We) (did) (did right) view the body after death. 23A, SIGNATURE

mo M. Wenner

Attending Phys.

Stoff Phys. X Director L

1965

23B, DATE SIGNED 12/13/65

23C. PHYSICIAN NAME (Typo)

James M. Weaver, Medical Director M.D.

23D. ADDRESS

Med.

US PHS Hospital, Balto, Md.

24A, BURIAL CREMATION, 24B, DATE REMOVAL (Specify)

24C, NAME OF GEMETERY OF CREMATORY Treen Mount

24D. LOCATION Greanzuvent

(Gity, lown O Gounty) ST. Baltingone, Mary-land

25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR

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VS 150-REV. 1/1/65

Carried and Market

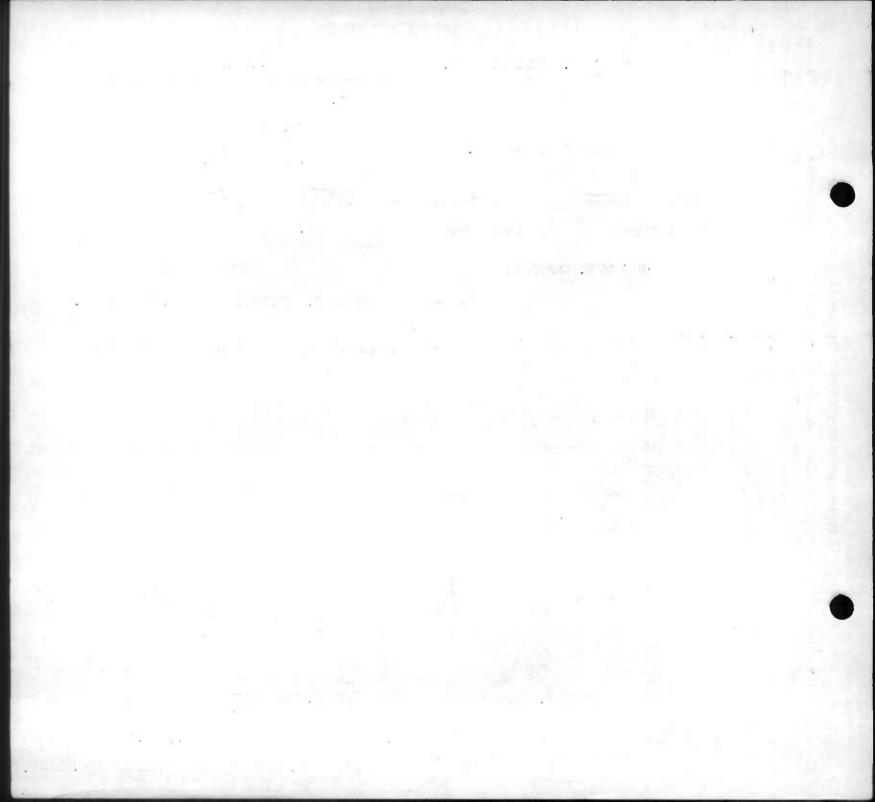
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VS 150-REV. 1/1/65

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			BALTIMORE CITY	HEALTH DEPARTMENT	-	55 12842
BIRTH NO.	65	12842	CERTIFICA	TE OF DEATH	Registered No.	O LOUIS
M.E. CASE NO.			CERTIFICA			
1. NAME OF DECE		CIVA DI A TI	. an		HOUR OF DEATH	
	GEORGE E.		SR.		2.14.65	^
3. PLACE OF DEA	TH IN BALTIMORE, MAR	YLAND		A. STATE B. COUNT		tution: residence before admission
FULL NAME OF	F (If not in hospital or	e institution give	sheet	MD.	71	10
HOSPITAL OR	oddress or location)	institution, give	311661	C. CITY OR TOWN (If outs	ide city limits, write RU	RAL and give township)
INSTITUTION				BALTO.		
	206 0	ELIDDOM C	m	D. STREET ADDRESS (If ru	rol, give location)	
	306 S	FURROW S	Ι.	306 S. FURI	ROW ST.	
5. SEX	6. RACE 7	7. MARRIED, NI	VER MARRIED	<u> </u>		If Under 1 Yr II Under 24 Hrs
. 364	,		DIVORCED (specify)	le	ost birthdoyl /	Months Doys Hours Min.
MALE	WHITE		RRIED	9/19/09	56	
	PATION (Give kind of work) vorking life, even if refired)	108. KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareig	n country)	12. CITIZEN OF WHAT COUNTRY?
	ired	inspe	ctor	MD.		USA
3. FATHER'S NAM		Inspe		14. MOTHER'S MAIDEN NAM	E	
THE STATE				Method malest ham		
	GEORGE M. CHA	APLAIN		I	ETTIE HARR	ISON
5. Wos Deceased	Ever in U. S. Armed Force	es? 16	SOCIAL	17. INFORMANT	H H H H H H H H H H H H H H H H H H H	ADDRESS
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	E OR CONDITION DIRE	ECTLY	('			1-
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	al mean the made of a asthenia, etc. It means t		DUE TO A	2TARIONIARATIO	HEART DOON	9
	plication which caused		/		Paris	
	ANTECEDENT CAUSES		(8)	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			DUE TO			
	R CONDITIONS, if a abave cause (A)		(C)	marrons data no Didore no Con a Colo Con no no 200 Colo 200 Colo 200 Colo 200 no 200 Colo 200 Colo 200 No		
			0 000000-0			
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OTHER SIGNIE TO THE DE DISEASE OR (II FICANT CONDITIONS CO EATH BUT NOT RELAT CONDITION CAUSING IT. OPERATION 198. COND	TED TO THE	ICH OPERATION	20A. AUTOPSY? (Yes or No)		
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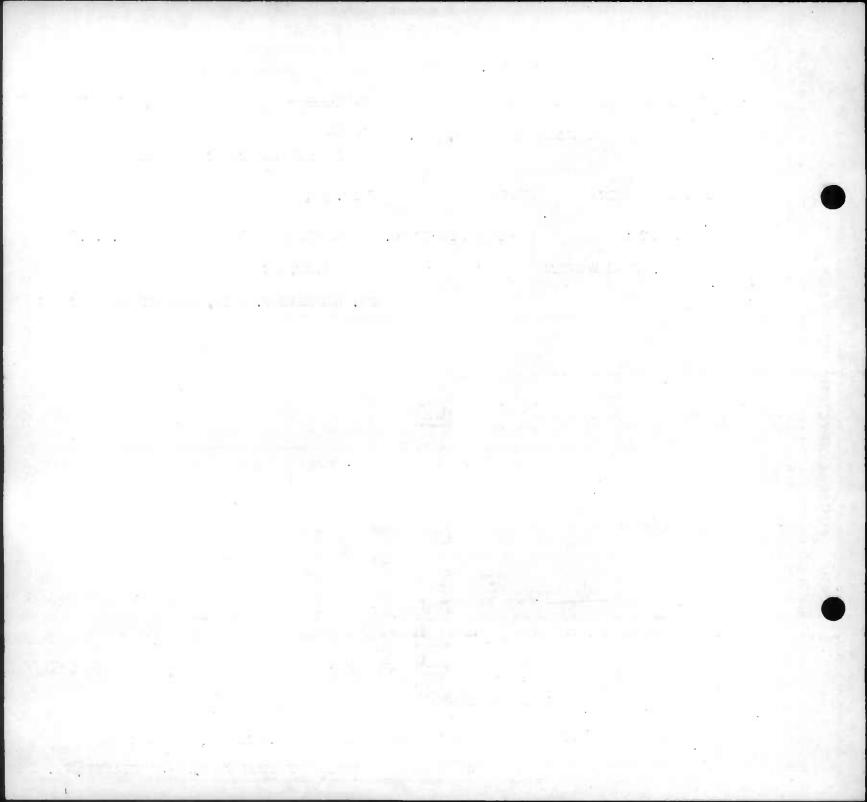
	-00:0	BALTIMORE CITY HEALTH DEPARTMENT
NO.	65 12843	CERTIFICATE OF DEATH

65 12843

		2. DATE AND HOUR OF DEAT	ru .
Type or Print)	DOADET A DODEDTIC		
MAJ. PLACE OF DEATH IN BALTIMORE, MA	RGARET A. ROBERTS	DECEMBER 13, 19	1905
	or institution, give street	MARYLAND B. COUNTY	5-31
INSTITUTION	FFORD STREET, APT. 2	C. CITY OR TOWN (If outside city limits, writ	e KUKAL ond give township)
0		D. STREET ADDRESS (If rurol, give location) 4905 STAFFORD STREET	21229
FEMALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE	SEPT. 23, 1891 9. AGE (in years lost birthdoy) 74	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
done during mast of working life, even if retired)		11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
OPERATOR	C & P TELEPHONE CO.	MARYLAND	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOHN ROBERTS		MARGARET	
5. Was Deceased Ever in U. S. Armed Fo Yes, no or unknown) (If yes, give wor or dote	rces? 16. SOCIAL ss of service) SECURITY NO.	17. INFORMANT	ADDRESS
NO	SECORIII NO.	MR. REINHARD F. HEIL, 490	05 STAFFORD STREET
18.420,14-17	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	O 0 . M.	ONSE! AND DEATH
LEADING TO DEATH	(A) CO	ronary Occlusion - Wishi	of 2 mm.
(This does not mean the made of heart foilure, asthenio, etc. 11 means	dying, e.g., DUE TO		
injury ar camplicolian which coused			
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ANTECEDENT CAUSES	(B) DUE TO		
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	(B) DUE TO		
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VS 150-REV. 1/1/65

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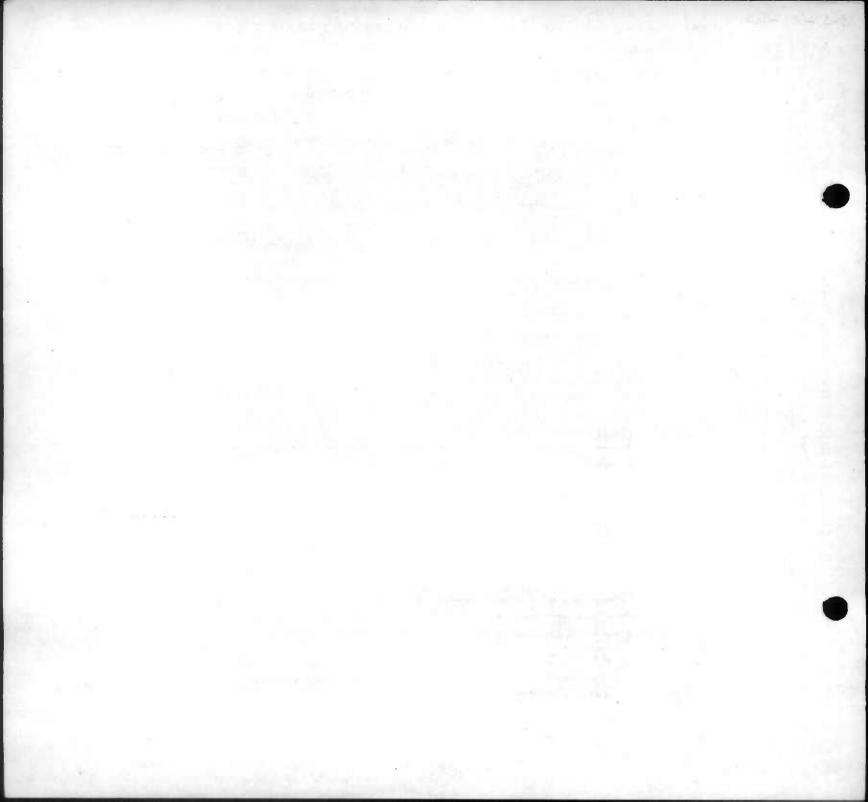
25G-FUNERAL DIRECTOR

(Mrs) Frances A. Hemsley

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45-43-68

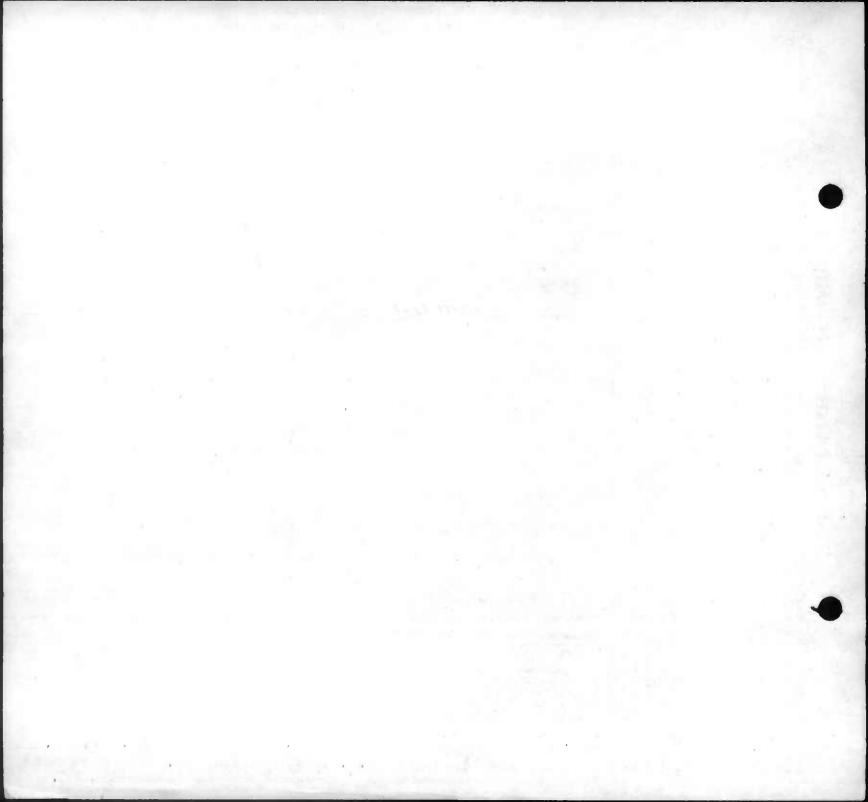
65-30576	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 45-485-63845	CERTIFICA	TE OF DEATH	Registered Na	128/15
M.E. CASE NO. 1. NAME OF DECEASED	021(11110)		HOUR OF DEATH	TCC.KO
(Type or Print)	01. 11.		20 /	1 カリコグラ
BABY GIRL PARTIAND	Chandle	TA LISUAL PESIDENCE (Where	deceased lived If instituti	on; residence before admission)
S. PEACE OF DEATH IN BACIIMORE MARIENID		Maryland B. COUNT	Y	on residence desired
FULL NAME OF (If not in hospital or institution, gr	vo stroot	Hary Januar d	ar at life	- 2 182 YSI 8
HOSPITAL OR oddress or location)		C. CITY OR TOWN THE THE	imore mits, write RURA	L and give township)
14311011014		Baltim ore	City Hose	pital
BALTIMORE CITY HOS	PITAL	D. STREET ADDRESS 2903	urol, give location)	/
DUEL WIGHT CLIL HOC	3 1 1 1	Balt 1 mor	Springnill	21215
5. SEX 6. RACE 7. MARRIED, I	NEVER MARRIED	+		Under 1 Yr If Under 24 Hrs.
	DIVORCED (specify)		ost birthdoy) Mo	nths Doys Hours Min.
Temale Negro Never	married.	12-13-65	1001	1 18 122
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if setired)	BOSINESS OR INDUSTRE	11. BIRTHPLACE (State or foreig	in country)	CITIZEN OF WHAT COUNTRY?
None 7	VAMA	Baltin am m	aryland V	nited States
13. FATHER'S NAME	une	14. MOTHERS MAIDEN NAM		1100
		1. 1.		
		Kovetta Ga	rry	
15. Was Deceased Ever in U. S. Armed Forces? [Yos, np or unknown] (If yes, give war or dates of sorvice)	SECURITY NO.	17. INFORMANT		ADDRESS
NO I		Mather - 201	12 Christil	1 Ave - Role my
118.	CAUSE O	E DEATH	3 Spring IIII	INTERVAL BETWEEN
DISTASE ON CONDITION DIRECTLY				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	LP.	MINIT. Link	Keep de de al	8 hrs 22
(This does not mean the mode of dying, e.g.,	DUE 10	pouring ass.	USD Syntime	8 nrs. 22 min
heart failure, asthenia, etc. It means the disease,		/		(congenital).
injury or complication which caused deoth.)	DR PR	EMATURITY		
ANTECEDENT CAUSES	DUE TO	.126		
DISEASES OR CONDITIONS, if ony, giving				
rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(C)			
		· · · · · · · · · · · · · · · · ·		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		h /		
E TO THE DEATH BUT NOT RELATED TO THE		NONE.		
DISEASE OR CONDITION CAUSING IT.	HICH OPERATION	20A. AUTOPSY? (Yos or No)	208 IF YES WERE FIND	INGS CONSIDERED
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OR CONTRIBUTING CAUSE OF Thome	form, foctory, street, o	ffice bldg., INJURY OCCUR?	ti in politimolo City	v. give exect location)
DEATH (natify medical examiner)			-	
W OF INTILIES	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
₹ (APPROX)	e At Not Whi			
VVOIX			1- 1	Par.
22. I certify that (1) (this hospital) attended the		2-13-65 99/201		
that (I) (we) last saw the deceased alive an	12 - 1	3 19 6 1 and tha	it in (my) (aur) apinian	death accurred an the date
and haur and fram the causes stated abave.	(We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE			23B	DATE SIGNED
mas Cmoden	M.D. Att	ending Mod. Director	Stoff Phy s.	10 10 1
23C BUYSICA ME	Phy			12-13-64
23C. PHYSICIAMS NAME (Type) MaTanghlin		23D. ADDRESS 4940 East	tern Avenue, Ba	Maryland/
Mary C.McLaughlin	M.D.	2533 EAST	19 STREET	DRUOKLYN, /Yein hi
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	ME of CEMETERY OF CR	EMATORY 24D. LO	CATION 4940 City	mustor contra) V (State)
Cremated 12-15-65 Ba	ltimore Cit	y Hospitals-	Baltimore,	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		OSC FILLIPORT TIPE OF		1 D D D C C C
d 400W A 40 90	D MAK	25C. FUNERAL DIRECTOR	AL DISPOSA	T)
DEC 17 1965 P. L. & 29 Ja	MARQUAN)	HODEL	TI DIOLONII	July .
VS 150-REV. 1/1/65				



BIRT	H NO. CERTIFI	CATE OF DEATH Registered No.5 12846
1. N.	CASE NO. AME OF DECEASED Output Out	2. DATE AND HOUR OF DEATH
	LACE OF DEATH IN BALTIMORE, MARYLAND	Tie SR. 15-Dec 1965 230
. Р	LACE OF DEATH IN BALTIMORE, MARILAND	A. STATE B. COUNTY
	ULL NAME OF (If not in haspitot at institution, give streat OSPITAL OR addiass ai location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	ЙОППТГ	BAIT, MORE
	11000 () () () () () () () ()	D. STREET ADDRESS (If rural, give lacotion)
-	MARYLAND GENERAL HOSpital	5610 North wood Drive
S	WIDOWED, DIVORCED (spaci	y) B. DATE OF BIRTH 9. AGE (In years tost birthday) 1. 12 - 12 9. AGE (In years Months; Days Hours;
1	18/2 White MARRIER IND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF
	during most of warking life, even if retired)	WHAT COUNTRY?
	SALESMAN Alleson Equip Co	14: MOTHERS MAIDEN NAME
30		Jessie I. Gousha -
2.1	Edward H. Bockstie Vas Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes	no artunknown) (If yes, give was as dates of service) SECURITY NO.	
-	18. 2 S CAU	CE OF DEATH
	DISEASE OR CONDITION DIRECTLY	PUCHONARY EDETTA ONSET AND DE
	LEADING TO DEATH	Callin Consider Con
	(This does not mean the mode of dying, e.g., DUET heart failure, osthenia, etc. It means the disease,	
	injury or complication which coused death.)	recinoma of LUNG , Resected
	DUE T)
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
	UNDERLYING CONDITION Iosi.	
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERT	2) A ACCIDENT WAS UNDERLYING	(e.g., in all about 21 C. WHERE DID (If in Boltimara City, give exact lacation)
AL (21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY homo, form, factory, streetc.)	et office bldg., INJURY OCCUR?
U	21D. TIME (Month) (Day) (Your) (Hour) 21E, INJURY OCCURRE	21F, HOW DID INJURY OCCUR?
ME	OF INJURY While At No	While Work
	22. I certify that N (this hospital) attended the deceased from	
	1	19 65 and that Interpy) (our) apinlan death accurred an
	and hour and fram the causes stated above. 417 (We) (did) (did	pef) view the bady after death. 238. DATE SIGNED
	1. C.O. MADO M.O	Attending Med. Stoff
	23 C. PHYSICIAN'S	Phys. Director Phys.
	23C. PHYSICIANS NAME (Type) T. C. CUILLE M.D.	M.D. Marsha Marshall Dear tel
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county)
	Burial 12/18/1965 Moreland Date REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	Memorial Pk Parkville, Balto Co. Md H.W. Jenkins & Sons Co. 4905 York B
n	FC 17 1965 P. O. A. B. J. MANS 0	H.W. Jenkins & Sons Co. 4905 York I

VS 150-REV. 1/1/65

Baltimore 12, Md.



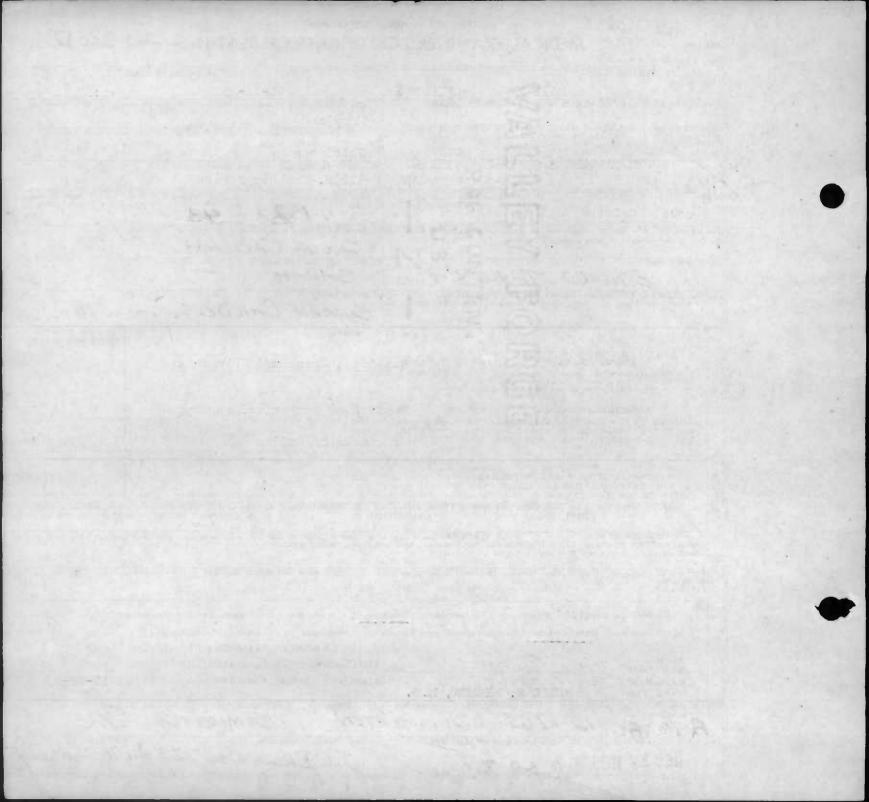
BROWN 450N 123 W. MONTGOME

24A, DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

24B, NAME OF REGISTRAR

1965 10 42 3



	00 .	TC040		DALIMORE CITT HEAL		6.	12848
BIR	TH NO.	MED	CAL EX	CAMINER'S CI	ERTIFICATE OF I	DEATH Registered	No
+	E CASE NO.						
(Ťy	Pe or Print)				2. DATE AN	D HOUR PRONOUNCED D	
2	DI ACE IN DALTIA	ORE, MARYLAND, W	BERT	MONTAGUE	He Henry Beelmen Co. (14)	12/15/65	7 144
3.	CEDTI	TEC A TI	HERE PRONO!	FNAFD	4. USUAL RESIDENCE (Where A. STATE	B. COUNTY	n: residence before admission
FU	white od 1	HE NOT IN HOSPIT	T OR INSTITU	THON, GIVE STREET	C. CITY OR TOWN (If autsid		All and all and annually
HC IN:	SPITAL OR	ADDRESS OR LOCA	(TION)	2-16-66	C. CITI OK IOWN (II duisid	e corporate limits, write ko	AL and give township
	N				Baltim		600
16					D. STREET ADDRESS (II rural,	give lacation)	
		3901 E. Lo			3901	E. Lombard St.	
5. :	SEX 6.	RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs. inths, Days, Hours, Min.
n	nale	white	WIDO	100	JAN 6,1889	76	
			108 KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		CITIZEN OF WHAT COUNTRY?
don	BUSNES	king life, even il retired)	KEY	IRED	BAHIMORE		USA
13.	FATHER'S NAME	4			14. MOTHER'S MAIDEN NAM	E	
1	-USENO	= Vict	OP		MARY ELLE	N Colemi	7 N
		EVER IN U.S. ARMED		16. SO CIAL	MARY ELLE 17. INFORMANT, MLS ELIZABETH	AD	DRESS, ,, Th
ITE	s, na ar unknawn, lit	yes, give war or date	s of service)	215-01 6 756	M. Flancia	alements 4	133, 16
-	72	2		7.0	MIKS ELI LABETH	C/4//21076	HARRIS DURG
	297	6/1		CAUSE	OF DEATH		ONSET AND DEATH
		OR CONDITION DI		Guncho	t wound of head		
	(This does not	mean the made of	dying, e.g.,	(A)	······································		
	heart failure, as injury ar campl	sthenia, etc. It means ication which caused	the disease. death.)				
	ANI	PECENDENT CAUSE	,				
		CONDITIONS, IF A		(8)DUE TO			
	RISE TO THE	ABOVE CAUSE (A) S'	TATING THE	DOL 10			**
z	1	CONDITION LAST.		(C)	000000000000000000000000000000000000000	····	
ERTIFICATION		11					
S	OTHER SIGNIF	CANT CONDITIONS	CONTRIBUTII	NG			
HI	DISEASE OR C	ONDITION CAUSING		nc		***************************************	
ER	19A. DATE OF O	PERATION 198, CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDIN	
C	2				THEOLEGIE 163		
S	UNDERLYING O	R CONTRIB-	21 B.	PLACE OF INJURY (e.g., i farm, factory, street, a	ffice bldg, INJURY OCCUR?	(If in Baltimare City, give ex	act location)
E	UTING CAUSE	OF DEATH.	etc.)	home	3901 E. Lo	ombard St.	
Σ		Manth) (Day) (Year) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJU		
	(APPROX.)	2 ? 65	? m. V	WHILE AT NOT AT W	while x shot self	in head	
	22.	that I held on I	nauiry 🗍	Inspection Au	and that on thi	is basis, death in my or	vinian
						Undetermined monner	
	resurred	d from: Notural co	JS65 P	Suicide			
	ACTUAL	1,000	. 10	5 1-1	CHIEF MEDICAL EX		DATE SIGNED
	SIGNATUR		SVI	SM.D.	ASSISTANT MEDICAL EX		0 10 - 11 -
	EXAMINER NAME (Ty		I. Spits	Z.M.D.	ASSOCIATE MEDICAL EX	XAMINER	12/15/65
23/	BURIAL CREMA			C. NAME of CEMETERY o	CREMATORY 23D. L	OCATION (City, town	n, as caunty) (State)
RE	MOVAL (Specify)	Det 20	1	. 1		11/ 12-	
	SURIAL		1.100	7-11	ONAL Com B	2140 100	•
241	A. DATE REC'D BY	HEALTH DEPT.	1248 NAME	OF REGISTRAR	246 FUNERAL DIRECTOR	-	ADDRESS

VS 151-REV. 1/1/65

55 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CHATTEYING CAUSES OF DEATH? yes

21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (II in Boltimore City, give exact location) home, form, loctory, street, office bldg., NJURY OCCUR? etc.) 21 A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. street Beltway near Belair Rd. 21D TIME 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Doy) (Yeor) (Hour)

OF INJURY MHILE AT (APPROX.) I certify that I held on Inquiry Inspection

NOT WHILE passenger in auto-auto collision Autopsy X

ond that on this basis, death in my apinion Undetermined monner

Accident X resulted fram: Notural couses Suicide

CHIEF MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Homicide

12/19/65

NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specily)

23C. NAME OF CEMETERY OF CREMATORY

23D. LOCATION

(City, town, or county)

DATE SIGNED

(Stote)

12/22/65 Burial 24A. DATE REC'D BY HEALTH DEPT.

St. Michaels 248 NAME OF REGISTRAR

emeteru 24C. FUNERAL DIRECTOR

ACTUAL SIGNATURE

EXAMINER'S

22.

N-253

John A. Moran Inc. 3000 E. Balto. St.

and the state of t rate of the rate of main assault of appropriate Busial 13/22/65 St. Michigale Courtery Charles, To. AL. ONLEY, THE COME OF THE PARTY OF THE PART

IMPORTANT FUNERAL DIRECTOR:

pital and of death Deceased

cause

hospital

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u_o

attend

death. ance

0

cause; (5) occurred in prior contributing (4) Undetermined is made regular eceased disposition Was the death 0 kind; or final attendance any pronounced or his embalmed of fracture the chief medical examiner examiner. regular who are 4 3 physician obtained before the remains burns; physician was (2) Body 0 to the hospital by where °Z any nature; (9) approved (except and An accident of hospital death) the body was released must 0 deceased prior to written approval 0 to shows: (1) was D.O.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 12850 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Agnes
3. PLACE OF DEATH IN BALTIMORE MAI December
RESIDENCE (Where deceased Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 3519 (Laremont Avenue D. STREET ADDRESS (If tutol, give location) Laremont Avenue 9. AGE (In years lost bighday) 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys If Under 24 Hrs. WIROWED DIVORCED (specify) Hours Female White 10A. USUAL OCCUPATION [Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Housewile Baltimore, Maryland
14. MOTHERS MAIDEN NAME 13. FATHER'S NAME James Hales Christina ? 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mr. Earl F. Myers 3519 (laremont Ave. No 18. estamone Curdio- inula ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, osthenia, etc. It means the diseose. injury or camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLTING 21B. PLACE OF INJURT (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURT OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURT OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hespital) attended the deceased from that (1) (we) last sow the deceased alive an ond that in (my) (ser) opinion death occurred on the date and hour and from the couses stated abave. (1) (WE) (did) (did not) view the body after death, 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Director L 23 C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 1965 Holy Redeemer Cemetery
25B. NAME OF REDISTRAR
25C. FUNERAL DIRECTOR
John A. Moran

John A. Moran Inc. 3000 E. Baltimore St

militarios, maria San Bearing the second line of the

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	5665	M.E

BALTIMORE CITY HEALTH DEPARTMENT

65 19851

(Type or Print)	SED	851 CERTIFIC		D HOUR OF DEA	
		M. O'Neill	Dece	mber 18,	1965
3. PLACE OF DEAT	H IN BALTIMORE, MAI	RYLAND	A. STATE B. COUN	o docoosed lived. TY	If institution; residence before ode
FULL NAME OF	(If not in hospital	or institution, give street		altimore	
HOSPITAL OR	oddress or location	1)		side city limits, w	rito RURAL and give township)
D			Baltimore		001
0	Anderson	n Nursing Home		urol, give location	
5 659	RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	Avenue	If Under 1 Yr., If Under
Female	White	WIDOWED, DIVORCED (specify) Widowed	Aug. 27,1870	ost birthdoy) 95	Months Doys Hours
	ATION (Give kind of work rking life, even if retired)	108. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
At Hom			Washington,	D.C.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE	
I	Rudolph Gre	en		Vor	nhuneiber
15. Wos Deceosed E	vor in U. S. Armed For	ces? 1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	f yes, givo wor or dato	s of service) SECURITY NO. None	Mrs. Anita Sm	ith 4303 I	Elderon Avenue
18. 44 20 0	0.01		OF DEATH	20001	INTERVAL BETWE
	OR CONDITION DIR	RECTLY		1	ONSET AND DEA
L	EADING TO DEATH	(A) A	derion clerohe	Heart	Du lears.
(This does not	meon the mode of sthenia, etc. It means	dying, e.g., DUE TO	4-7-4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	icotian which coused	death.)	Rose Alleria	·0012	
1A	ITECEDENT CAUSES	(8)			
	TIECEDENT CAUSES	DUE TO	Coc Viacos	0000-4	
DISEASES OR	CONDITIONS, if	any, giving	Peu Arteur		
DISEASES OR		any, giving			
DISEASES OR	CONDITIONS, if obave cause (A)	any, giving	1		
DISEASES OR rise to the UNDERLYING	CONDITIONS, if obave cause (A) CONDITION lost.	ony, giving stating the (C)	1		
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DISEASES OR rise to the UNDERLYING OTHER SIGNIFIL TO THE DEADLE OF COLUMN TO THE DEADLE OR COLUMN TO THE DISEASE OR COLUMN T	CONDITIONS, if obave cause (A) CONDITION lost.	ONTRIBUTING STATE TO THE T. DITION FOR WHICH OPERATION			
DISEASES OR rise to the UNDERLYING OTHER SIGNIFIT TO THE DEADISEASE OR CO. 19.A. DATE OF CO.	CONDITIONS, if obave cause (A) CONDITION lost.	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No)	208 IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
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DISEASES OR TISE 10 1he UNDERLYING OTHER SIGNIFIT TO THE DEADISEASE OR CO. 19.A. DATE OF CO. 21.A. ACCIDENT OR CONTRIBUTION DEATH (notify more)	CONDITIONS, if obave cause (A) condition lost.	ONTRIBUTING VIED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e., home, form, foctory, street, etc.)	20 A. AUTOPSY? (Yes or No.) Q., in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	208 IF YES, W. IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR TISE to the UNDERLYING OTHER SIGNIFIT TO THE DEA DISEASE OR C 19A. DATE OF C 19A. DATE OF C OR CONTRIBUTE DEATH (nofily m OF INJURY	CONDITIONS, if obave cause (A) CONDITION lost. II CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING I OPERATION 198. CON WAS PERI WAS UNDERLYING NG CAUSE OF	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (c., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not V	g., in or obout 21 C. WHERE DID office bldg., 1NJURY OCCUR?	208 IF YES, W. IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
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DISEASES OR rise to the UNDERLYING OTHER SIGNIFITO THE DEADISEASE OR CO. 19A. DATE OF CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUT DEATH (notily more) 21D. TIME OF INJURY (APPROX.) 22. I certify the that (1) (***) It and have and for the contract of the contract	CONDITIONS, if obave cause (A) CONDITION lost. CANT CONDITION SCATH BUT NOT RELADINATION 198. CON WAS PERIOD NOT CAUSING IN CAUSE OF CONTROL (I) (This hospital strength of the cause Strength of the	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, fochey, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At W. Attended the deceased from ted abave. (I) (We) (did) (did not)	20 A. AUTOPSY? (Yes or No.) g., in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY On the body after death.	20B. IF YES, WIN CERTIFYING (If in Bolt URY OCCUR? 10 to my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imde City, give exect location) 22 19
DISEASES OR RISE to the UNDERLYING OTHER SIGNIFITO THE DEADISEASE OR COUNTRIBUTE OF CONTRIBUTE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (CONDITIONS, if obave cause (A) CONDITION lost. CANT CONDITION SCATH BUT NOT RELADINATION 198. CON WAS PERIOD NOT CAUSING IN CAUSE OF CONTROL (I) (This hospital strength of the cause Strength of the	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, fochey, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At W. Attended the deceased from ted abave. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No.) Qu, in all about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY of the bldg. and the order of the bldg. Attending Med. Director Director 123D. ADDRESS	20B. IF YES, WIN CERTIFYING (If in Bolt URY OCCUR? 10 to my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imde City, give exect location) 22 19
DISEASES OR RISE to the UNDERLYING OTHER SIGNIFIT TO THE DEADISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUT OF INJURY (APPROX.) 22. I certify the that (1) (CONDITIONS, if obave cause (A) CONDITION lost. II CANT CONDITIONS CATH BUT NOT RELA DONDITION CAUSING I DEFERATION 198. CON WAS PERIOD CAUSE OF CA	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 218 PLACE OF INJURY (e., home, form, foctow, street, etc.) (Hour) 21E INJURY OCCURRED While At Not W Work At W. At W. At dalive an	20A. AUTOPSY? (Yes or No.) p., in at about 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY ond the onk 19 and the onk onk 21 F. HOW DID INJURY One onk One onk 21 F. HOW DID INJURY One onk One o	20B. IF YES, WIN CERTIFYING (If in Bolt URY OCCUR? 10 to my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imde City, give exect location) 22 19
DISEASES OR RISE to the UNDERLYING OTHER SIGNIFITO THE DEADISEASE OR COUNTRIBUTE OF CONTRIBUTE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify the that (1) (1) (1) (1) and hour and 123A. SIGNATURI 23C. PHYSICAN NAME (Typ.)	CONDITIONS, if obave cause (A) CONDITION lost. II CANT CONDITIONS CATH BUT NOT RELA DONDITION CAUSING I DEFERATION 198. CON WAS PERIOD CAUSE OF CA	CONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION PORMED 218. PLACE OF INJURY (e., home, form, foctory, street, etc.) While At Not Work Work Not Work At W. At W. At dalive an	20A. AUTOPSY? (Yes or No.) Que, in all about 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY of the bady after death. Attending Med. Director D	208. IF YES, WIN CERTIFYING (If in Bolt URY OCCUR? 21 in (my) (687) Stoff Phys.	ere findings considered CAUSES OF DEATH? imble City, give exect lecohon) aplnian death accurred an to the considered con

VS 150-REV. 1/1/65

Ellsworth Armacost 4600 Liberty Heights



	05 3	0000	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIR	тн но. 65 Л	2852	CERTIFICA	TE OF DEATH	Registered No.	0- 300=0
	E. CASE NO.		GERTIN 107		AND HOUR OF DEATH	00 12802
	ne or Print)	Gustafso	on		ecember 16,	
3.	PLACE OF DEATH IN BALTIMORE, A			4. USUAL RESIDENCE (V		nstitution: residence before admission
	FULL NAME OF (If not in hospit	ol or institution,	aug sheet	Maryland	Baltimore	
	HOSPITAL OR oddress or loce	tion)	give siteet			RURAL and give township)
1				Baltimore		15-04
0	2338 N. N	Ionroe St	treet	D. STREET ADDRESS	(If rural, give location)	
	· ·				onroe Street	
5. 5	SEX 6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	Female White		dowed	9/13/1860	105	
	LUSUAL OCCUPATION (Give kind of water during most of working life, even if retired		BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	tareign country)	12. CITIZEN OF WHAT COUNTRY?
	At Home			Ireland		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Michael Da	ley			Cusick	
5. (Ye	Was Deceased Ever in U. S. Armed I s,na ar unknawn) (If yes, give war ar d	forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	XX No		None	Helen Gustaf	son 2338 N.	Monroe Street
_	18. 44. 9 2 / 1			DF, DEATH	1	INTERVAL BETWEEN
	DISEASE OR CONDITION I		P. Y	f . 0 A (7///	ONSET AND DEATH
	LEADING TO DEAT		(A) Will	rescluster C	-Virveen	years
	(This does not mean the mode heart failure, asthenia, etc. It mea		DUE TO	0.10	1- 1	
	injury or complication which cous		You	era Vered Urt	ermellinis	beaus
	ANTECEDENT CAUS	ES	DUE TO	surger our		
	DISEASES OR CONDITIONS, in tise to the above couse (A	,	U			
	UNDERLYING CONDITION Iosi.	c/ siding the	(C)			
	- 11					
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	CONTRIBUTING	G E			
	DISEASE OR CONDITION CAUSING	S IT.	WHICH OPERATION	IZOA ALIZORAYA (V	Not 208 IF yes ween	EINDINGS CONSIDERED
ERTIFIC		ERFORMED	WHICH OPERATION	ZOW. MOIONZAS (Les el	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.a.,	in ar about 21 C. WHERE DIE	O (If in Baltimo	ra City, giva exact location)
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	ham etc.		in or about 21C. WHERE DIE office bldg., INJURY OCCUR	?	.,
U	21D. TIME (Manth) (Day) (Yea	or) (Hour) 21 E.	INJURY OCCURRED	21F HOW DID	INJURY OCCUR?	
MEDI	OF INJURY		ile At Not Wh			
	(APPROX.)	Wo				
	22. I certify that (I) (this hospit	tal) ottended ti	he deceosed from	jon	1250 10 /6	DOC 1965.
	that (I) (we) lost sow the decea	sed olive on	17 Dell	19.65 one	that in (my) (our) op	inion death occurred on the date
	and hour and from the gauses s	toted above. (1) (did) (did))	view the body ofter dec	th.	Δ.
	23A. SIGNATURE	1				23 B. DATE SIGNED
	PSULINALIA LA	Vorun	M.D. At	tending Med. Director	Staff Phys.	17 Doe 65
	23 C. PHYTICIAN'S NAME (Type)	11/1		23D. ADDRESS	1 111	- Dall N
	LAURIST	NAME	BOWN M.D	1938 KIN	GENN!	E DAIRIMOREMO
24/	A- BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. N	AME of CEMETERY of CI	REMATORY 24E	D. LOCATION (C	City, town, or county) (State)
		165 NT-	w Cathodaal	Comoterry	Baltimana 1	Manuland
25/	Burial 12/18 A. DATE REC'D BY HEALTH DEPT.		w Cathedral	25C FINERAL DIREC	Baltimore, l	ADDRESS
	DEC 90 100E A -	4	5 5 0 0	. O lavor	43 Hungers	0 Liberty Heights
VS	150-REV. 1/1/65	78,00%	TANA	E115 WOT UP A	THIACUST 700	o Pinetry DerBurg

Williamster C. V. Bernie Marshyd Untercoluen Allenetor Lozzum Missi Longiston L. Keonsi Mark in den bre Eline

		HEALTH DEPARTMENT			
BIRTH NO. 65 12853	CERTIFICA	TE OF DEATH	Registered No	65 12853	
M.E. CASE NO. 1. NAME OF DECEASED			AND HOUR OF DEATH	H	
(Type or Print) Annie S. Stephe	ng	Dece	mber 17, 1	965	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	,113			institution; residence before	odmission)
		A. STATE B. COU	INTY	1/00	No.
FULL NAME OF (If not in hospital or institution, go HOSPITAL OR oddress or location) INSTITUTION	ve street	Maryland c. city or town (1)	Baltimore putside city timits, write	RURAL ond give township	>
7		Baltimore			
Anderson Nursing Home			If rural, give location)		
		2516 W. Laf		ue	
	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Und Months: Doys Hours	ler 24 Hrs. Min.
Female White Widow		1/4/1879	86		
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF			reign country)	12. CITIZEN OF	
done during most of working life, even if retired)				WHAT COUNTRY?	
At Home		Baltimore,		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Jeremiah Weatherby			Sinn		
	6- SOCIAL	17. INFORMANT		ADDRESS	
	SECURITY NO.	D	110	Oakway Road	
No	None	Davis T. Wea	therby Tim		
18.4491X	CAUSE O	F DEATH		INTERVAL BETY ONSET AND D	
DISEASE OR CONDITION DIRECTLY	100	0.00		10 1 (2)	
LEADING TO DEATH	(b) E/Y	once of	reumen	10 100	K_
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	LUJE 40				
injury or complication which caused death.)		V			
ANTECEDENT CAUSES	DUE TO				
DISEASES OR CONDITIONS, if any, giving					
tise to the above cause (A) stating the UNDERLYING CONDITION last.	(Ct				
UNDERLING CONDITION ldst.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or I	No. 208, IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF home	LACE OF INJURY (e.g., in lorm, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location	•
OF INJURY (Month) (Doy) (Year) (Hour) 21 E. White	NJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?		
	At Not Whil			-	
Work	At Work	1 00		0-10	15
22. 1 certify that (I) (this hospital) attended the	deseased fram	acc 1	19 50 10	Nee // 1	,60,
that (I) (we) last saw the deceased alive an	Nee 11	19 C \ and	that In(my) (eur) as	pinian death accurred a	n the date
and haur and from the causes stated above. (1)	(We) (did) (did-nos) v	riew the bady after death			
23A. SIGNATURE	Λ			23B, DATE SIGNED	1
Mende	M.D. AHE	ending Med. Director	Stoll	12/17	160
23 C. PHYSICIAN'S		s. Director L	Phys,	1///	103
NAME (Typel CT MeV	idelism.D.	2308	Edmond	son A	n

if the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was in regular attendance deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any a hospital (except where the physician who pronounced Also, FUNERAL DIRECTOR: the body was released to the hospital by a medical examiner. 40 was D.O.A.

Such

death.

40

prior

on the

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, town, or county)

(Stote)

Burial 12/20/65
25A. DATE REC'D BY HEALTH DEPT. 25B.
DEC 20 1965 (1.4)

Loudon Park Cemetery

Baltimore, Maryland

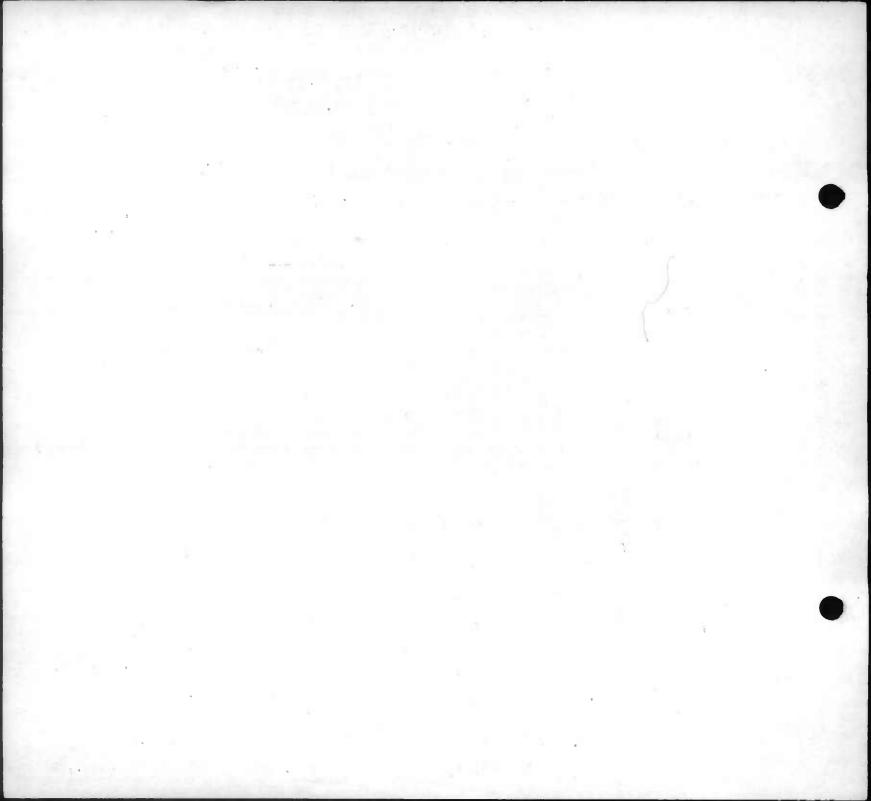
250, FULLAND DIRECTOR ADDRESS
ELLSWOrth Armacost 4600 Liberty Heights

VS 150-REV. 1/1/65

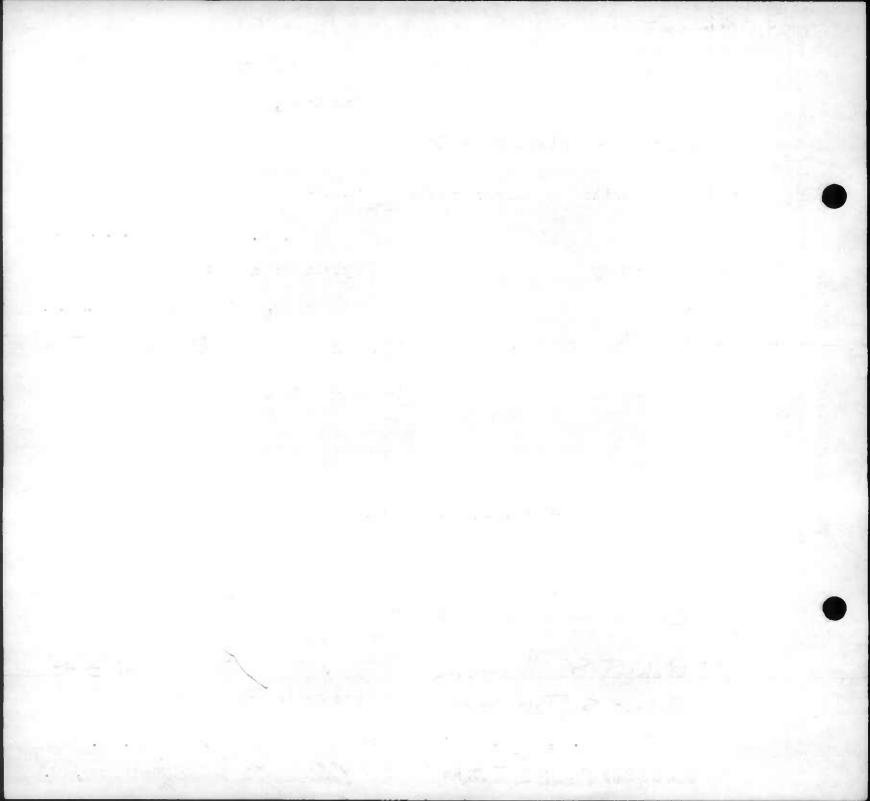
Bronches grecumenta 100

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	H NO.	65 1	2854		TE OF DEATH	Registered No	65 12854
1. N	AME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	1
(Тур	e or Print)	BESSIE AS	HCROF!	r	Dec	. 14, 1965	M.
	TULL NAME C		or institutio	n, give street	A. STATE 8, COU	ere deceased lived. If NTY	institution: residence before admission)
	HOSPITAL OR NSTITUTION	oddress or location		7 11	C. CITY OR TOWN (IF o	utside city limits, write	RURAL and give township)
13	Sou	th Baltimore	Genera	al Hospital		Four Ct	10 10 10 10 10 10 10 10 10 10 10 10 10 1
5. S	EX	6. RACE	7. MARRI	D. NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	emale	White	Ma:	red, DIVORCED (specify)	Nov. 5, 1892	lost birthdoyl	Months Doys Hours Min.
		working life, even if retired)	1108, KIND	OF BUSINESS OR INDUSTRY	Pennsylvani	. 0.	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME	
		Orris			Louise		
	, no or unknown	Ever in U. S. Armed For (If yes, give war or date		1 6- SOCIAL SECURITY NO.	Mr. William As	sheroft (ADDRESS
_	NO 18. //			CAUSE O		(INTERVAL BETWEEN
	(This does in heart failure, injury ar can DISEASES (rise to the	SE OR CONDITION DIS LEADING TO DEATH not mean the made of asthenia, etc. It means application which coused ANTECEDENT CAUSES DR CONDITIONS, if e abave cause (A) G CONDITION last.	dying, e. the diseas death.)	(8) DUE TO	cute los		
ATION	TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO		n	one	
ERTIFIC	19A.DATE OF	OPERATION 198. CON	DITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes of N	O 20B. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
CALC	21A. ACCIDE OR CONTRIBU DEATH (notify	NT WAS UNDERLYING DING CAUSE OF medical examiner		PIB. PLACE OF INJURY (e.g., income, form, foctory, street, or etc.)	n oi obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	pie City, give exoct focotion)
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 2	TE INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
2	(APPROX.)			While At Not While Work	TA A CA	48 0	
	22. I certify	that (1) (this hospital) ottende	the deceosed from	1000. J	19 10 C	-C. /S j 19 6.J.
	that (I) (we)	last sow the decease	d olive o	1 De(6 15	3 19 0 ond t	hot in (my) (aur) of	pinian deoth occurred on the dote
	ond hour on	d from the couses sto	red obove.	(i) (We) (did) (did not) v	view the body ofter death	•	
	23A. SIGNATU	JRE A	-				23 B. DATE SIGNED
	5	roe //e	ubo	M.D. Alle	med. Director	Stoff Phys.	Dec. 14, 1965
	23 C. PHYSICIA NAME (T	and the same of th	Neuba	T	23D. ADDRESS	apsco Ave.	
24A	BURIAL CRE	MATION, 248. DATE	24C.	NAME of CEMETERY OF CRI	EMATORY 24D.	LOCATION	City, town, or county) (State)
25A	Burial	Dec. 17	165 258. NAM	Glen Haven Memo	orial Park A	Anne Arundel	Co., Maryland
VS	DEC 2	1985 00 1		Maria 0 0			litchie Hgwy., Baltimo:



	DRE CITY HEALTH DEPARTMENT	0= 100==
BIRTH NO. Gettyphurg, Pa. 65 12855 CERTI	IFICATE OF DEATH Registered No.	65 12855
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	30
LORI KIDEWOUR	12 15/65	5 Am M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if A. STATE B. COUNTY	institution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Maryland, Frederick	
INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
3JOHNS HOPKINS	Emmitsburg D. STREET ADDRESS (If rural, give location)	0000
	RD #2	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (SE	D B. DATE OF BIRTH 9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
female White Never marri		5
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Gettysburg. Pa.	U.S.A.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
Guy Ridenour	Sylvia McGlapughlien	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) NO None		Morrel and ID D D D
210110	Guy Ridenour, Emmitsburg	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	KESPIRATORY HRY	REST 30 muntes
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	E TO	
injury or complication which caused death.)	Il Direct Live	RiTI
ANTECEDENT CAUSES (B)	E TO	(300)
DISEASES OR CONDITIONS, if ony, giving	\	
rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION lost.	***************************************	
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		FINDINGS CONSIDERED AUSES OF DEATH?
	UKY (e.g., in or obout 21 C. WHERE DID (If in Boltime	ore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory,	Street, office bldg., INJURY OCCUR?	one city, give exect loconom,
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?	
S OF INJURY	Not While	
(APPROX.)	At Work	
22. I certify that (I) (this hospital) attended the deceased fr	4	12 15 1965.
that (1) (we) last sow the deceased alive on	15 19 625 ond that in (my) (our) or	pinlon death occurred on the date
ond hour ond from the couses stated above. (1) (We) (did) (d	id not) view the body ofter death.	
23A. SIGNATURE		23B, DATE SIGNED
Valuet S. Mamban	M.D. Attending Med. Stoff Phys.	12/15/15
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	11/13/03
POBERT S THOURSON	M.D. The Johns HOpkins Ho	spital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE REMOVAL (Specify)	RY of CREMATORY 24D. LOCATION 1	City, town, or county) (State)
Burial Dec. 17,65 St. Mary's C	Satholia Fointiald Ada	oma Co Pa
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Catholic Fairfield, Ada	ADDRESS
DEC 20 1965 00 da 92 91 5	Planer of Wilson	Emmitsburg, Md.
VS 150-REV. 1/1/65	The second second	



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M.E. CASE NO.

ROBERT

2. DATE AND HOUR OF DEATH December 16.1965

1	1. NA	M E	OF	DECEA	SED
-	(Type	10	Print)	DECEA	
1					

INSTITUTION

LISBY 3. PLACE OF DEATH IN BALTIMORE MARYLAND

A. STATE B. COUNTY Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

(II not in hospital ar institution, give street FULL NAME OF HOSPITAL OR address or lacation)

C. CITY OR TOWN (If autside city limits, write RURAL and give township)

1639 E. Madison St

Baltimore D. STREET ADDRESS (If rural, give location)
1639 E. Madison St.

Male

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married

B. DATE OF BIRTH Mar.14.1890

Maryland

9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours

10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) dane during most al working life, even if retired)
Laborer

12, CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Soloman Lisby 14. MOTHER'S MAIDEN NAME

Harriet Brown

15, Was Deceased Ever in U. S. Armed Farces?
(Yes, no ar unknown) (If yes, give war ar dates al service)

6. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Mrs. Florence Lusby 1639 E. Madason

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY include Lear Diseas LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, to the obove couse (A) stoling the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IMPORTANT DIRECTOR: FUNERAL

198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)

21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? etc.)

(If in Baltimare City, give exact location)

21 D. TIME OF INJURY (Month) (Day) (Year)

(Hour) 21E INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

MEDICAL (APPROX.)

22. I certify that (1) (this haspital) attended the deceased from

Not While Wark At Work

that (I) (we) lost sow the deceased alive on and hour ond from the couses stated obove (1) (We)/(did) (did not) view the body ofter death,

Med.

ond that in(my) (our) opinion death occurred on the date

23A SIGNATURE omersan 28C. PHYSICIAN'S

Attending M.D. Phys.

Stoff Director L

23 B. DATE SIGNED

NAME (Type) EMERSON R. JULIAN 24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY of CREMATORY

23 D. ADDRESS

(City, town, or county)

Burial

12-20-65

Mt. Zion Cemetery

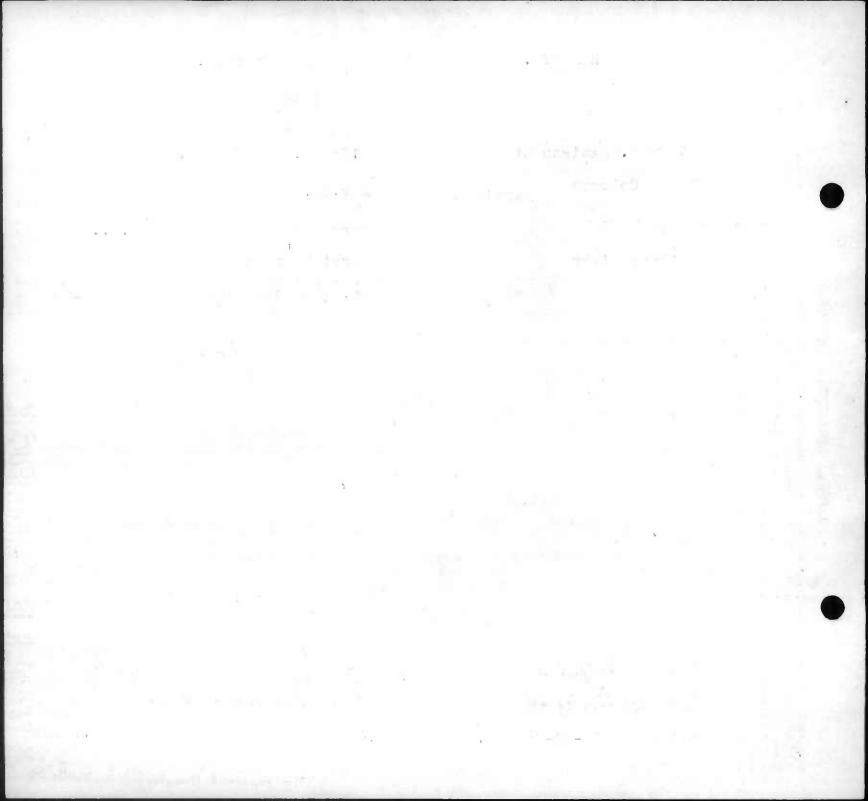
Mountain. Harford Co.. Md

VS 150-REV. 1/1/65

REMOVAL (Specily)

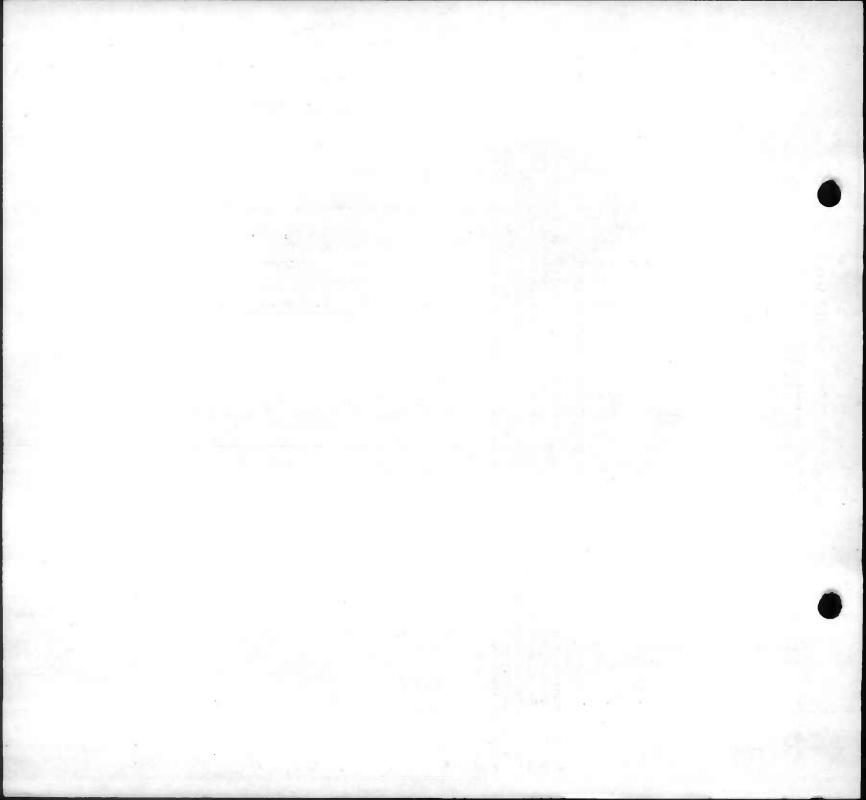
258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
- + v > 0 >

	00 100	y per pay	BALTIMORE CITY	HEALTH DEPARTME	ENT				
BIRTH NO.	65 128	357	CERTIFICA	TE OF DEA	TH Registered h	lo.			
M.E. CASE NO.			921(11110)			03 12037			
Type or Print)		ARY BROWN		2. 0.	The The Total				
3. PLACE OF D	EATH IN BALTIMORE, MA			IIA IISHAL BESIDENC	Dec. 16, 1965	Il institution; residence before admissi			
	THE OF BEATH IN SALIMONE, WARIEARD			A. STATE B.	COUNTY	Institution; residence before odmiss			
FULL NAME	OF (If not in hospital	or institution, give str	eet	Md. 21		0-01			
HOSPITAL O	R oddress or location)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
	2220	2000 5710			Baltimore				
0	3028 Clifton	Park Terra	ce	D. STREET ADDRESS (If rurol, give location)					
				3028 Clifton Park Terrace					
5. SEX			MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 I			
female	white	WIDQWED, DIVO	ORCED (specily)	0 /2 2 /2 0 2 2	lost birthdoy)	Months Doys Hours Min			
	CUPATION (Give kind of work	Widewed	IESS OR INDUSTRY	8/11/1877	88	12. CITIZEN OF			
	of working lite, even if retired)		itas ok intoosiki	III. DIKITITEA CE (SIDIE	or loreign country)	WHAT COUNTRY?			
Hous	sewife	at home		Baltimore,	Md.				
3. FATHER'S N.	AME			14. MOTHER'S MAID	EN NAME				
i	John Clopein			unkne	านกา				
	ed Ever in U. S. Armed Ford	es? 16. SO	CIAL	17. INFORMANT	- ****	Append			
	wn) (If yes, give wor or dote:		CURITY NO.			ADDRESS			
				John A. Bro	own, son, abov	re			
18. / 4	4.8		CAUSE O			INTERVAL BETWEEN			
DISE	ASE OR CONDITION DIR	ECTLY			0	ONSET AND DEATH			
	LEADING TO DEATH		/	JUD WO	11. DERVII	111			
(This does	not mean the made of	dving, e.g.,	DUE TO	goo nea	109 O 0 000	T-94			
heart failure	heart failure, asthenia, etc. II means the disease,								
injury or co	injury or camplication which caused death.)								
	ANTECEDENT CAUSES		DUE TO	decel 4	FILLING	- U-T-Y			
DISEASES	DISEASES OR CONDITIONS, if any, giving Restorm = Metastales								
rise la	rise to the above cause (A) stoling the (C) UNDERLYING CONDITION lost.								
ONDEREIT	NO CONDITION 10ST.								
7	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	DEATH BUT NOT RELA		The	Mully	annua				
A DISEASE O	R CONDITION CAUSING IT	•	/						
E IVA. DATE O	OF OPERATION 198. CONI	ORMED WHICH	OPERATION	20A. AUTOPSY! (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED // IN CERTIFYING CAUSES OF DEATH?					
E O				9					
U 21 A. ACCID	21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., home, form, loctory, street,				DID (II in Boltin	more City, give exact location)			
▼ DEATH (noti	ily medical examiner	etc.)	, locioly, sheet, o	ince blog., INJOKI OCC	JO K:				
21 D. TIME	(Month) (Day) (Year)	(Hour) 21E INJUR	Y OCCURRED	215 HOW D	ID INJURY OCCUR?				
S OF INJURY	(100)	While At [INJURY OCCUR!				
(APPROX)		Work	Not While At Work	° 📮					
22	(v that (1) (this basnital)	ottonded the dee	annal farm	(1) 11000	1 10/5	20-11- 250			
	22. I certify that (1) (this hospital) attended the deceased from 1965								
	e) last saw the decease	À	Vel- 6			apinion death accurred an the			
and hour a	and hour and from the causes stated obave. (1) (We) (did) (did nat) view the body after death.								
23A. SIGNAT	TURE					23B, DATE SIGNED			
(1) 3	(1) alle (0 (1 (had 1) And M.D. Atte				Stoll	1000 17-15			
23C. PHYSIC	IANTS	1 raccon.	Phy	S. Director	Phy s.	100000			
NAME	(Туре)			LUC. MOURESS					
D	r. W. A. Ande	rson	M.D.	3001 Sh	annon Drive				
MAL BURIAL CR		24C, NAME of	CEMETERY OF CRI		24D. LOCATION	(City, town, or county) (State			
REMOVAL	1 0 11								
Buria	////		1 Cemetery		Baltimor	e. Md.			
DECO	O 1025	258. NAME OF REGI		Schimunet	Fulleral Home	ADDRESS			
טבני מ	A 1909 (Torse	2. Faller	M C	3331 Br	chms Lane	, LIIC.			
/S 150-REV. 1/1	/65			יום דלכר	CIUIS DANG				



BALTIMORE CITY HEALTH DEPARTMENT

	AME OF DE	CEASED Z	25				2. DATE AN	D HOUR OF DEAT	Н		
Тур	o or Printl	LMER	EVEX	CH4.	RT		Dec.	15 19	65	2:30 A	
FI H	ULL NAME (OSPITAL OR ISTITUTION	OF (If not in	hospitol or ins	ND stitution, g	ve street	BALTI.	WN (If out:	side city limits, write	7-Q	nd give township)	
· S!		6. RACE			NEVER MARRIED	8. DATE OF BIR		LTIMORE 9. AGE (In years		ler 1 Yr., tf Under 24 Hi	
	M	W			DIVORCED (specify)	Sept. 2	11	lost birthdoyl	Months	Doys Hours Min.	
		UPATION (Give ki		KIND OF	BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Store or foreign country) Martinsburg, W. Va.				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
Dile	Pain			.R.Sh	erman Co.						
3. F	ATHER'S NA	ME				14. MOTHER'S					
		Jackson	Everhar	rt		V	allie	(unknown)		
5. V	Vas Decease	d Ever in U. S. A	Armed Forces?	service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN				ADDRESS (23)	
	No				232-26-4030	Mildred	E.Everh	art 222 S	.Frank	,	
	heart failure,	not mean the i	Il meons the	diseose,	DOETO	COVIC E					
TION	heart failure, injury or con DISEASES rise to th UNDERLYIN OTHER SIGN TO THE C	, oslhenio, etc. mplication which ANTECEDENT OR CONDITIO the obove council CONDITION INTERCENT CONDITION INTERCENT CONDITION DEATH BUT N	II meens the caused deal CAUSES NS, if any, use (A) slatilists. ITIONS CONT	disease, Ih.) giving ging Ihe	(B) DUE TO (C) B	UITH U	REMI				
TIFICATION	heart failure, injury or con DISEASES rise to the UNDERLYIN OTHER SIGN TO THE C DISEASE OR	, oslhenio, etc. mplication which ANTECEDENT OR CONDITIO The obove council of the condition IIIII CANT CONDITION IIII CANT CONDITION F OPERATION	Il means the h caused deal CAUSES NS, if any, use (A) slatiliast. ITIONS CONTION CONTION RELATED AUSING IT.	giving ing lhe RIBUTING TO THE	(B) DUE TO (C) B	EOWCHO	REMI	MONIA	E FINDING	S CONSIDERED	
AL CERTIF	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE COUNTY DISEASE OR 19.A. DATE OR 21.A. ACCIDIO OR CONTRIB	, oslhenio, etc. mplication which ANTECEDENT OR CONDITIO The obove council of the condition IIIII CANT CONDITION IIII CANT CONDITION F OPERATION	II meens the caused deal CAUSES NS, if any, use (A) slatilities (A) slatiliti	giving ing the TRIBUTING TO THE DN FOR WAED	(C) 5	20A. AUTOP	REMINE OF NO.	UMONIA. 208. IF YES, WERI	AUSES OF	S CONSIDERED DEATH?	
MEDICAL CERTIF	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE COUNTY DISEASE OR 19.A. DATE OR 21.A. ACCIDIO OR CONTRIB	OR CONDITION CONDITIO	II means the caused deal CAUSES NS, if any, use (A) slatilities (A) slatiliti	giving ing The RIBUTING TO THE DN FOR WAED 218. home etc.)	(B) DUE TO (C) PLACE OF INJURY (e.g., lorm, foctory, street, company of the comp	20A. AUTOP 20A. AUTOP 21C. W NJUR	REMINE OF NO.	20B. IF YES, WERIN CERTIFYING C	AUSES OF	DEATH?	
MEDICAL CERTIF	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE CONTRIB DISEASE OR 19 A. DATE OF CR CONTRIB DEATH (notification) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	, oslhenio, etc. mplication which ANTECEDENT OR CONDITION e obove cou G CONDITION INTERPOLATION CONDITION	Il meons the h caused deal CAUSES NS, if any, use (A) slatiliast. ITIONS CONTING IT. 1978. CONDITION AS PERFORM RLYING E OF Leer) (Year) (Haddeceosed of deceosed of dece	giving ing the TRIBUTING TO THE ON FOR WAED 218. whith work tended the ive on	(B) DUE TO (C) PLACE OF INJURY (e.g., lorm, foctory, street, company of the comp	20A. AUTOP 20A. AUTOP 21F. H 21F. H 21F. H 21F. H 21F. H	PAECE DID Y OCCUR?	20B. IF YES, WERIN CERTIFYING C	ore City, gi	ive exact location)	
MEDICAL CERTIF	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE IDISEASE OR 19A. DATE OF CONTRIB DEATH (notification) 21 A. ACCIDIO OR CONTRIB DEATH (notification) 22. I certify that (I) (we and hour are 133. SIGNAT	, oslhenio, etc. mplication which ANTECEDENT OR CONDITION e obove cou IG CONDITION INTERCEDENT OR CONDITION INTERCEDENT CONDITION CONDIT	Il meons the h caused deal CAUSES NS, if any, use (A) slatiliast. ITIONS CONTING IT. 1978. CONDITION AS PERFORM RLYING E OF Leer) (Year) (Haddeceosed of deceosed of dece	giving ing lhe RIBUTING TO THE DN FOR WAED 218. whith work tended the ive on	(B) DUE TO (C) PLACE OF INJURY (e.g., lorm, foctory, street, company occurred at Work at Work at Work (e.g., lorm). (did) (did not)	20 A. AUTOP 20 A. AUTOP 21 F. H 22 F. H 23 F. H 24 F. H 25 F. H 26 F. H 26 F. H 27 F. H	SY? (Yos or No. Where DID Y OCCUR? OW DID INJU and the ofter death.	20B. IF YES, WERIN CERTIFYING C	pinion de	ive exoct locosion)	
MEDICAL CERTIF	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE CONTRIB DISEASE OR 19 A. DATE OF THE CONTRIB OF INJURY (APPROX.) 22 L certify that (I) (we and hour are 23 A. SIGNAT NAME (OR CONDITION OR CO	II meens the h caused deal CAUSES NS, if any, see (A) slatilast. ITIONS CONTINUED AUSING IT. 1998. CONDITION AS PERFORM RLYING E OF heer) (Year) (Haddecosed of uses stated as sealed	giving ing the GRIBUTING TO THE DN FOR WAED 21B. home etc.) our) 21E. Whit work tended the ive on	(B) DUE TO (C) FINIURY (e.g., form, foctory, street, compared to the compared	20A. AUTOP 20A. AUTOP 20A. AUTOP 21F. H 21F. H 22F. H	SY? (Yes or No.) WHERE DID Y OCCUR? OW DID INJU and the ofter death. Med. Oirector	208. IF YES, WERIN CERTIFYING C	pinion de	TOEATH? ive exact locotion) Toeath accurred an the decate signed 2-15-65	
MEDICAL CERTIF	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE CONTRIB DISEASE OR 19 A. DATE OF THE CONTRIB OF INJURY (APPROX.) 22 L certify that (I) (we and hour are 23 A. SIGNAT NAME (OSHenio, etc. mplication which ANTECEDENT OR CONDITION THE OBOVE COU G CONDITION INFICANT CONDITION OF OPERATION (Month) (Doy Thot (I) (this) last sow the ad from the cau URE MAN'S Type) FREGO EMATION, 24B.	II meens the h caused deal CAUSES NS, if any, see (A) slatilast. ITIONS CONTINUED AUSING IT. 1998. CONDITION AS PERFORM RLYING E OF heer) (Year) (Haddecosed of uses stated as sealed	giving giving the giving giving the giving g	(B) DUE TO (C) PLACE OF INJURY (e.g., lorm, foctory, street, compared to the c	20A. AUTOP 20A. AUTOP 20A. AUTOP 21F. H 21F. H 22F. H	SY? (Yes or No.) WHERE DID Y OCCUR? OW DID INJU and the ofter death. Med. Oirector	UMONIA 208. IF YES, WERIN CERTIFYING C (If in Boltime URY OCCUR?	pinion de	TOEATH? ive exact locotion) Toeath accurred an the decate signed 2-15-65	

VS 150-REV. 1/1/65

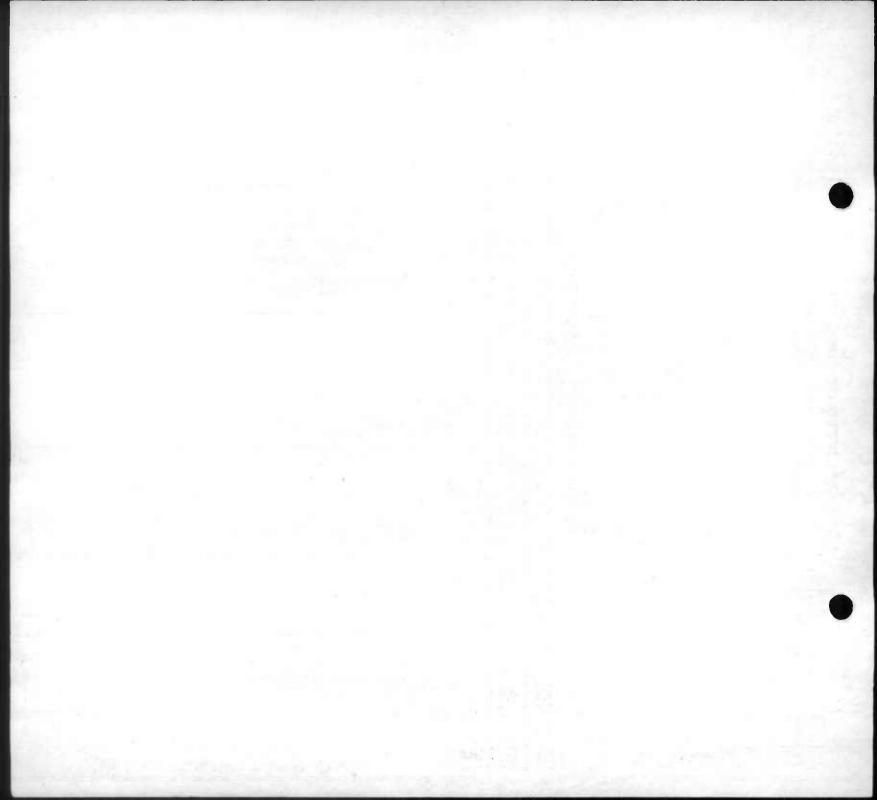


FUNERAL DIRECTOR: IMPORTANT

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. Also, if the direct or contributing cause of death This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner.

		BALTIMORE CITY	HEALTH DEPARTMENT					
11	тн но. 65 1.2859	CERTIFICA	TE OF DEATH	Registered No.	12859			
1.1	E CASE NO. IAME OF DECEASED DE OF Print) LEWIS LA	N6	2. DATE AND HOUR OF DEATH					
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNTY		tion: residence befare admission)			
11	FULL NAME OF (If not in hospital at institution oddiess or lacotion)	C. CITY OR TOWN (If autside city limits, write RURAL and give township) BALT WORE D. STREET ADDRESS (If rure), give facotion)						
110	MARYLAND GEN							
10			3413 E. FAYETTE ST.					
5.	MALE WHITE WID	RIED, NEVER MARRIED DWED, DIVORCED (specify) WIDOWED	3-21-86	st birthdoy) Me	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.			
	CUSUAL OCCUPATION (Give kind of work 10B, KIN to during most of working life, even if relired) Plumber	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign BALTIMOR)		CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	JOHN LANG		SUSAN S	MADELS				
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown) (It yes, give war ar dotes af serv	16. SOCIAL SECURITY NO. 214-01-9802	17. INFORMANT	-70 €	ADDRESS			
-			EDNA LANG	3413 E.				
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH			
	LEADING TO DEATH	(A) A	SPIRATION PNEU	AINONIN	5 DAYS			
	(This does not meon the mode of dying, heart failure, asthenio, etc. II meons the disc							
	injury or camplication which coused death,)							
	ANTECEDENT CAUSES	# # # # # # # # # # # # # # # # # # #						
l	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) slating the (C) UNDERLYING CONDITION last.							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		HEART FAILURE (COWPENSATE D				
ERTIFIC/		FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Nal		INGS CONSIDERED			
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(It in Boltimore Cit	y, give exact lacation)			
MEDI	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work							
	22. I certify that (1) (this haspital) attended the deceased from DECEMBER 9 1965 to DECEMBER 4 1965, that (1) (we) last saw the deceased alive an DECEMBER 14 1965 and that in (1969) (aur) apinion death accurred an the date							
	and haur and from the causes stated above. (1) (We) (did) (did/1701) view the body after death.							
	23A. SIGNATURE	M.D. Atte	inding Med. Si	laff hys.	12-14-65			
	23C. PHYSICIAM'S NAME (Type) ROSARIO D. Y		23 D. ADDRESS	17 % الحكا				
24		C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	CATION (City)	awn, or countyl (Stotel			
11_	REMOVAL (Specify)	O-3- T	100	Ttimene C-	16.3			

12-1 1955 (PP) Baltimore Co., DEC 20 20 NAM 25C. FUNERAL DIRECTOR ADDRESS Ulfrich Funeral Home Baltimore, Md. VS 150-REV. 1/1/65



BIRTH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFIC	ATE OF I	DEATH Registe	red No.	2850	
M.E. CASE NO.									
1. NAME OF DEC	CEASED	NELL	M. HATH	AWAY	2. DATE AN	12/		9:15 p.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY				
EILLI NIABAE OF	UE NOT IN HOSPITA	AL OR INSTITU	TION CIVE STREET	7. 31011	Maryland	В. СОС	N.I.		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
					Baltimore 5				
					ADDRESS (If rurol,	give location)			
6216	Everall Ave.				6216 Eve	rall Ave.			
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthdoy 58	If Under 1 Y	r. If Under 24 Hrs. s : Hours , Min.	
female	white	MA	RIED	10-2	2-09	56 58			
		108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or foreig	n country)	12. CITIZEN C		
A T	working life, even if retired)	2 1 10		OF	110			JOINTKI .	
13. FATHER'S NAN	ΛE			14. MOTHER'S MAIDEN NAME					
OTHA	WINLA	NA			-				
	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORM	ANT		ADDRESS		
(1es, no or onknown	All yes, give wor or dole	2 OI ZGIAICEL	JECOKIII NO.	BETT	E GAY	6216 E	WE . A.	7/30/	
18.	011		CALLSE	OF DEATH	GAY	0216 -	INT	ERVAL BETWEEN	
4	174		CAOSE	OI DEATH				SET AND DEATH	
DISEA	SE OR CONDITION DIE LEADING TO DEATH	RECTLY	Hang	ing					
(This does	not mean the mode of , ostherio, etc. It means	dying, e.g.,	DUE TO		***************************************			**************************************	
injury or co	mplication which coused	deoth.)							
	ANTECENDENT CAUSE	S							
	OR CONDITIONS, IF A		DUE TO					***************************************	
UNDERLYII	NG CONDITION LAST.	Amito inte	40)						
8			(C)					0 = 0 = 9 + 9 + 0 = = = = = + 0 + 0 + 0 + 0 + 0 + 0 +	
OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTION	NG.						
TO THE	DEATH BUT NOT REL	LATED TO T							
 	OPERATION 198, CON		WHICH OPERATION	20A. AUT	OPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONS	IDERED	
0 7	WAS PERI	FORMED		yes		THE SERTIFYING CAU	SES OF DEATH	?	
ZIA. EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g., , form, foctory, street, c	in or obout 2	C. WHERE DID	(If in Boltimore City, gi	ve exoct locolic	on)	
	OR CONTRIB-	etc.)	home	omce biag., in	5216 Evera	ll Ave.			
Z 21D TIME	(Month) (Doy) (Yeor) (Hour) 2	1E. INJURY OCCURRED		F. HOW DID INJU				
OF INJURY	12 13 65 ?			WHILE TO	nung self	with electr	ic cord		
22.		m. V	VORK LAT W	ORK T					
	tify that I held on I	nquiry	Inspection Aut	topsy X	ond that on th	ls bosis, death in n	ny opinion		
resu	Ited from: Natural cou	uses A	ccident Suicid	e X Ho	mlcide 🗌 📗	Indetermined mann	er 🗌		
71127			1-1	CHIE	F MEDICAL EX	AMINER _		ATE SIGNED	
SIGNAT		- W.	312 · M.D.	ASSISTAN	T MEDICAL EX	AMINER X			
EXAMIN			7	ASSOCIAT	E MEDICAL E	XAMINER	12/11	1/65	
NAME (
23A. BURIAL CRE REMOVAL (Specif		23	C. NAME of CEMETERY O	CREMATO	23D. L	OCATION (City,	, town, or count	y) (Slote)	
CREMA	1 0	-65	TREEN MAI	-رندر	1	240-10	Mo		
24A. DATE REC'D		248 NAME	OF REGISTRAR	24C. FL	INERAL DIRECTOR		ADDI	RESS	
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VS 151-REV. 1/1/	03	J 6, 00	Tarley, M. S.					1/	

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except where the physician who prohounced death was in regular arrendance on the	and (6) No physician was in regular attendance on the deceased prior to death. Such		
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rol	פר	s obtained before the remains are embalmed or final disposition is made.	
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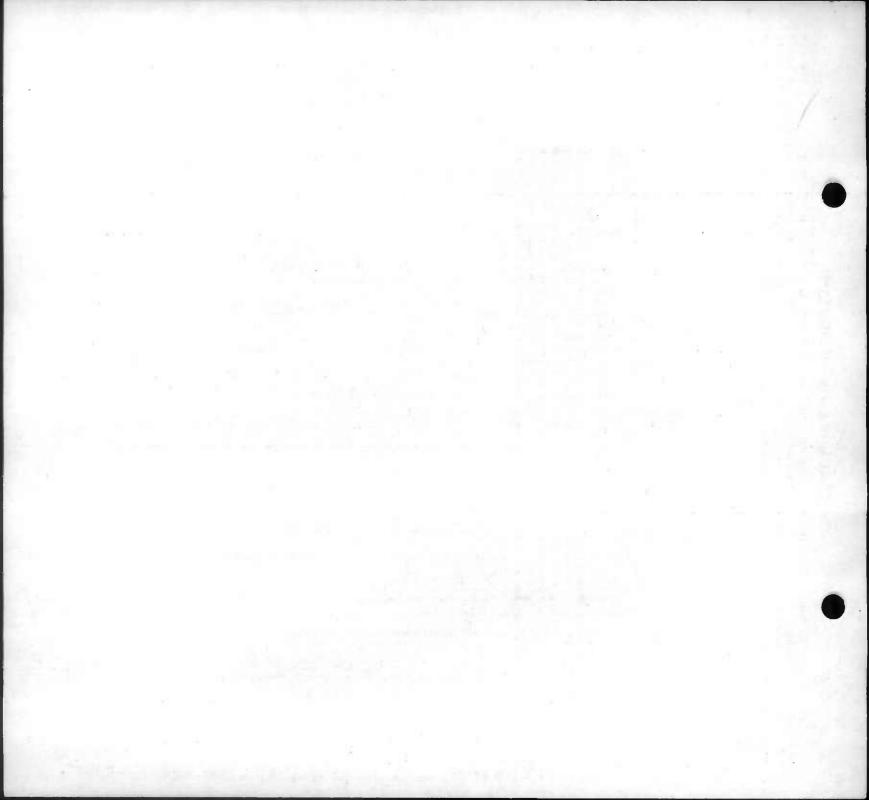
his Also,

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the

BALTIMORE CITY HEALTH DEPARTMENT 12861 Registered No. 65 1286 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH NAME OF DECEASED (Type or Print) Eleanor L. Cooksev December 17, 1965 4. USUAL RESIDENCE (Where docoosed lived, If institution: rosidence before edmission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give lownship INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) 600 E. 31st Street 600 E. 31st Street 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 6. RACE Hours WIDOWED, DIVORCED (specify) tost birthdoyl Female White April 12, 1885 12. CITIZEN OF 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? done during most of working tile, even if retired) Restauranteur-Ret. Food Baltimore, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles M. Rahe Mary E. Bach 15, Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS (Yes, no or unknown) (If yos, give wor or dotos of sorvice) SECURITY NO Edward P Rahe 4113 Westview Road. No 212-30-1894 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 0 (This does not mean the made of dying, heart foilure, asthenia, etc. II means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above cause (A) stating the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED m 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) DEATH (notily modical examiner etc.) MEDIC 21D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not White (APPROX.) Work 22. I certify that (I) (this hospital) attended the deceased from 12016 19 that (1) (we) lost saw the deceased alive on and that in (my) (our) opinion death occurred an the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff M.D. Phys. Director Phys. 28C. PHYSICIAN'S 23D. ADDRESS NAME (Type forge J. Greater Baltimore Medical Center M.D. 24A. BURIAL CREMATION 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 0 eceased REMOVAL (Spoc decease Burial 12.20/65 St. John 's Cemetery Baltimore. Md. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Ulirich Funeral Home 4210 Belair Road. V\$ 150-REV. 1/1/65



on the h. Such rif death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased death. ance attend 0 prior regular deceased = direct or MOS the death uo o kind; attendance any or his Also, of

is made final disposition pronounced 0 embalmed fracture the chief medical examiner regular ho are 4 3 3 physician before the remains Was medical burns; physician Body the 0 the body was released to the hospital by 3 where ° nature; approved by obtained 9 (except ; and any 99 of death) hospital must An accident certificate must 10 0 prior at D.O.A.

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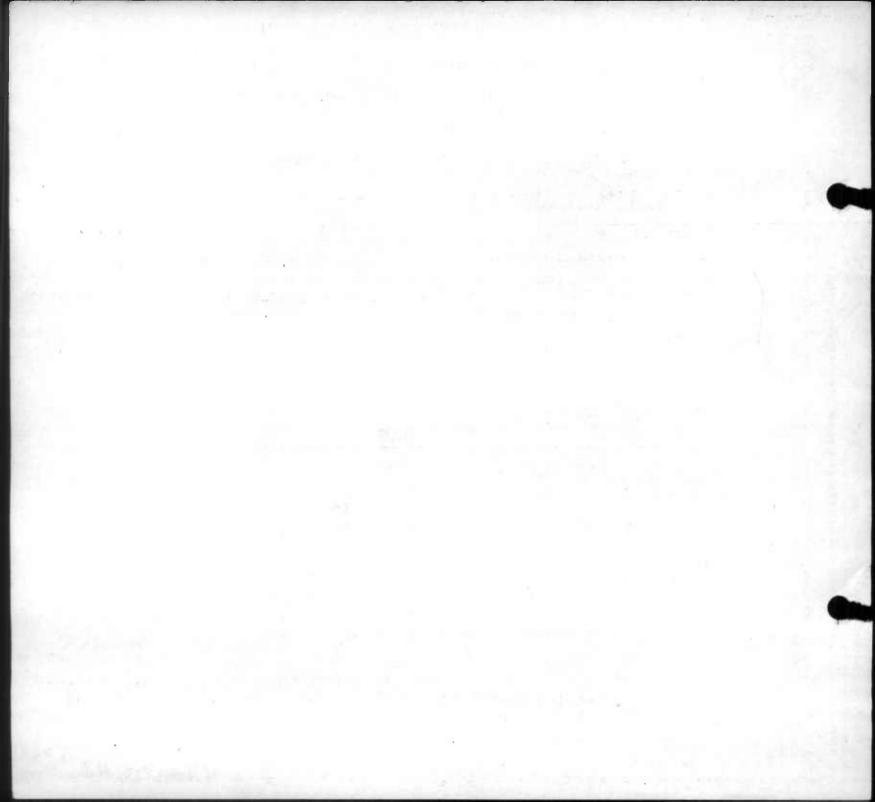
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IMPORTANT

FUNERAL DIRECTOR:

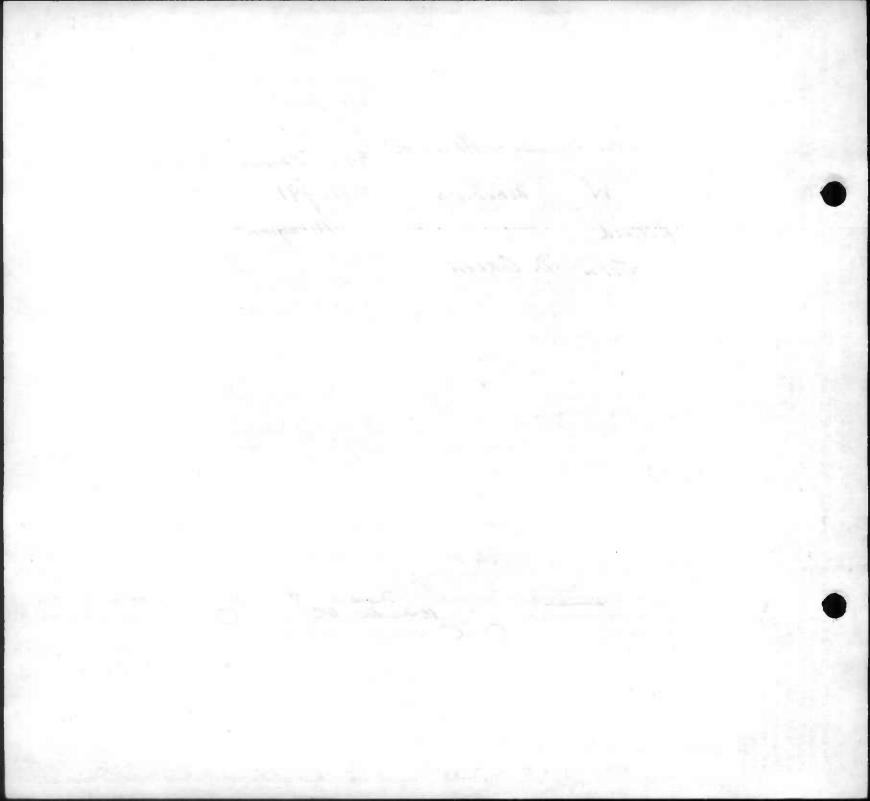
BALTIMORE CITY HEALTH DEPARTMENT 65 12862 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Violet May Enlow 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Maryland Baltimore (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location C. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore City Hospitals (Rural 4940 Eastern Avenue (If rural, give location) Baltimore, Maryland 21220 Transverse Avenue 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. W(DOWED, DIVORCED (specify) last birthdoy Hours 5-2-1918
11. BIRTHPLACE (State or foreign country) Female White Married 12. CITIZEN OF WHAT COUNTRY? 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of warking life, even if retired) U.S.A. Canada Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hjalmar Victor Clara M. Knutson 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS (Yes, na or unknown) (If yes, give wor or dates of service) SECURITY NO. Records: BCH-4940 Eastern Avenue No None CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dving, e.g., hearl failure, asthenia, etc. II means the disease, injury at camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFICATION DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, form, foctory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exoct location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (natify medical examiner) etc.) (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR OF INJURY While At Not While (APPROX.) Work Al Work 22. I certify that (1) (this hospital) attended the deceased from 19 and that in (my) (aur) opinian death accurred an the date that (1) (we) last saw the deceased alive on and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending [Staff M.D. Med. Phys. written approval 23 C. PHYSICIAN'S 23D. ADDRESS Eastern-Avenue NAME (Type) Patrick Caulfield M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lawn, or caunty) REMOVAL (Specify) 12-18-1965 Oaklawn Cemetery Burial 25C. FUNERAL DIRECTO

VS 150-REV. 1/1/65



	BALTIMORE CIT	Y HEALTH DEPARTMENT	DF 10000
BIRTH NO. 65 12863	CERTIFICA	TE OF DEATH Registered	65 12863
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH
Type or Print) F N. 10 R.N	J. GREEN	12 16-	15 12
PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceased lived.	Il institution: residence before admissi
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	nstitution, give street	MARYLAND PACT	MORE
INSTITUTION		C. CITY OR TOWN (If outside city limits, wr	ite RURAL and give lownship)
H Row Secon	URS HOSPITAL	D. STREET ADDRESS (If ruiol, give location)	0007
The second	URS MUSPITAL	9911 BRIDECLIST	ROAD
. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH , 9. AGE (in years	If Under 1 Yr., If Under 24 H
MW	WIDOWED, DIVORCED (specify) MARRIED	12/26/91 ost binhdoy) 73	Months Doys Hours Min.
IGA. USUAL OCCUPATION (Give kind of work 10 Education does not be working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired.	F. A. DAVIS CO.	MARYLAND	WITH GOOKIET.
3. FATHER'S NAME	in Davis Co.	14. MOTHER'S MAIDEN NAME	
John D.	GREEN	SARA	NOA HARRIS
5. Was Deceased Ever in U. S. Armed Forces: Yes, no or unknown) (If yes, give war or dates of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4911 BRIAR CLIP	TRd. ADDRESS BALT
No	213-03.4399		Reen (29) Md.
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heort foilure, asthenio, etc. It means the injury or complication which coused de			
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O 21D. TIME (Month) (Doy) (Year) (F	lour 21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Whi	le 🖂	
	Work L At Work		
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that (I) (we) last saw the deceased a	live an 15 Dece	aber 19 65 and that from (aur)	apinian death accurred on the d
and haur and fram the causes stated	abaye (I) (We) (did) (did)	view the hady after death	
23A. SIGNATURE	Control (Grand Harr)	The budy differ dedin.	23B. DATE SIGNED
(Mania a)	Ingle M.D. Att	ending Med. Staff	10/11/1
235 BHYSISIANIS	Phy	s. Director Phys.	12/16/65
23C. PHYSICIAN'S NAME (Type) Octavio +	7. Ruiz M.D.	23D. ADDRESS	/
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specily)	1/	LC. DIT	11/
BA. DATE REC'D BY HEALTH DEPT. 1258	KORRAINE YARI	CEM. DALIO.	170
SA. DATE REC'D BY HEALTH DEPT. 258	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 20 1985 10 0 A	ST CAN DE LA COMPANIE	C- PRYMAN Och u	13 b 3512 FRED 1
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M.E. CASE NO.			CERTIFICA	TE OF DEATH	Registered Na.	5 12864
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	TH IN BALTIMORE, MA	RYLAND		A. STATE B. COU	ere deceased lived. If in NTY	stitution: residence before admiss
FULL NAME OF	(If not in hospital	or institution an	ve street	812 F K	tishland	Ave. 26-11
HOSPITAL OR	address or lacation	n)		C. CITY OR TOWN (If or	utside city limits, write I	RURAL and give township)
INSTITUTION	Baltimore (_	Balto.	Md 2	1224
/	4940 Easte			D. STREET ADDRESS	rural, give location)	
	Baltimore,	Marylan	d 21224	812 8.	Highlan	a Are
SEX	6. RACE		DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 I Months: Doys Hours Min
F	Wh	0 0	dowed	12-26-79	8.5	
	PATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
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B. FATHER'S NAM		Lucio.	My HUNDLES	14. MOTHER'S MAIDEN NA	ME	-1,0,1.
	w Waxmeth			CAPATARINE	Theresea?	
0	Ever in U. S. Armed For	reas?	6. SOCIAL	17. INFORMANT	nteresea :	ADDRESS
es, no or unknown)	(If yes, give war ar date	es of service)	SECURITY NO.			
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	osthenio, etc. It meons plication which caused			re-during,	STEDIN ()	
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Cemetery 25C. FUNERAL

5712 O'Donnell St. Balto Md.

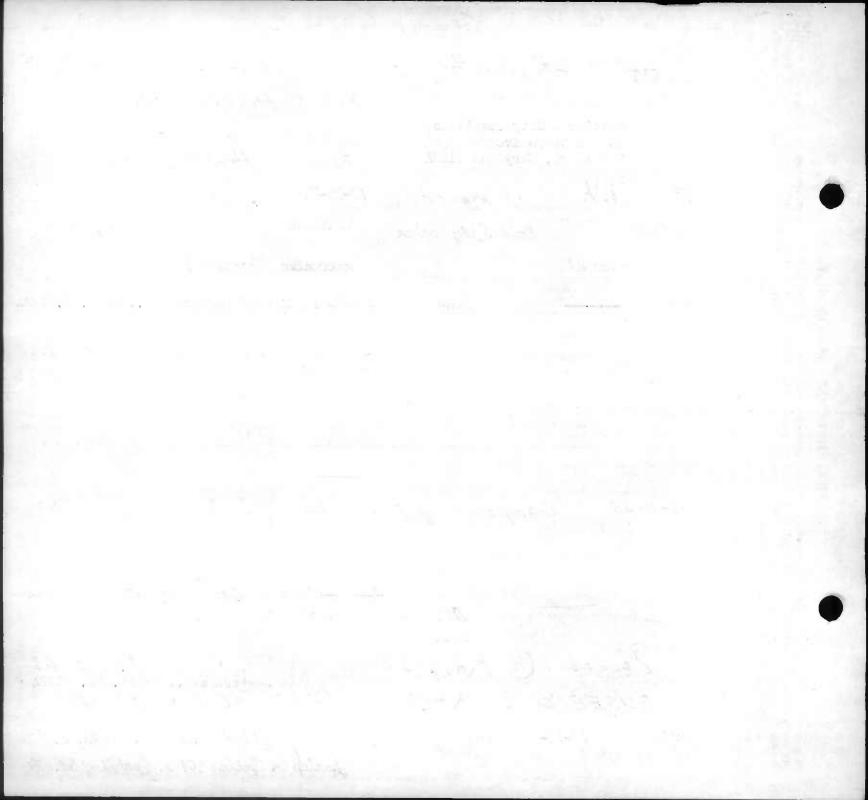
Charles S. Zeiler 901 S. Conkling St. #24

12-15-65 Mount Carmel

VS 150-REV. 1/1/65

DEC 20

writtena



VS 150-REV. 1/1/65

BALTIMORE	CITY HEALTH DEPARTMENT	
	CATE OF DEATH Registered N	0
M.E. CASE NO.	2. DATE AND HOUR OF DEA	TH 3 12865
Type or Print)		(7'749
Mary G. Kernan.	Dec 16, 1965	f institution: residence before admis
	A. STATE B. COUNTY	9-126
FULL NAME OF (If not in hospital or institution, give street oddress or location)	Maryland	500
INSTITUTION	C. CITY OR TOWN (If outside city limits, wri	te KUKAL ond give township!
2	Baltimore D. STREET ADDRESS (If rurol, give locotion)	
1707 E.28th St.		
SEX 6. RACE 7. MARRIED, NEVER MARRIED	1707 E. 28th St	If Under 1 Yr. If Under 24
WIDOWED, DIVORCED (specify	y) lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
Temale White Married DA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	July 23, 1895 70	12. CITIZEN OF
one during most of working life, even if retired)	The state of the s	WHAT COUNTRY?
Housewife	Maryland 14. MOTHER'S MAIDEN NAME	U.S.
FATHER'S NAME	14. MOTHERS MAIDEN NAME	
John E Malvin	Catherine Beuley.	
John E. Melvin. 5. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(es,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
	Bernard P. Kernan. 17	07 E. 28th St.
72011 7 2601		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cononary Occlwin	30 minuto
(This does not meon the made of dying, e.g., DUE TO	Sonary Occion	
		2
ANTECEDENT CAUSES (B)	anonary Anteny Dissere	Lyeans
		(/
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)		V
UNDERLYING CONDITION lost.		
The state of the s	1 2 120 120 120	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	betos Mollitus	12 years
DISEASE OR CONDITION CAUSING II.		
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSYZ (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A ACCIDENT WAS HADERIVING TO LOSS STAGE OF THE STAGE OF	an in as should C WHERE DID	non City diagrams to the N
OR CONTRIBUTING CAUSE OF home, form, foctory, stre	e.g., in or obout 21 C. WHERE DID (If in Both) et, office bldg., INJURY OCCUR?	more City, give exact location)
DEATH (notify medical examiner)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED		
While At Not	While Work	
22. I certify that (I) (this hospital) attended the decaysed fram	1011	December 196
that (I) (We) last saw the deceased alive an	11 15	apinion death accurred an th
THE CITY WAS IN SHOULD BE SEEN THE COURSE OF		abimon death accorred du tu
and haur and from the causes stated above. (1) (We) (did) (314 n	not) view the body after death.	238. DATE SIGNED
M.D.	Attending Med. Stoff	77 /7 /4
Loy Efimmerman	Phys. Director Phys.	fee 11,65
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	D M
	M.D. 3202 Harturd Ad	Dallimme 1
4A. BURIAL CREMATION 24B. DATE 24C. NAME OF CEMETERY O	CREMATORY 24D. LOCATION	(City, town, or county) (Si
REMOVAL (Specify)		
Burial 12/18/65 St. Mary 's H.	ampden 3900 Roland	Ave, Balto, Md
	1 + 18 11	20.00 D. M
DEC 20 1965 P. D. A. B. January V	Clasun 6 honovan-	38/8 Notangle

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	65	1286	66	В	ALTIMORE CITY HEA	LTH DEPARTMEN	т	6	5 12	2866	
BIR	TH NO.		MEDIC	CAL EX	AMINER'S C	ERTIFICAT	E OF	DEATH Register	ed Na		Marie Marie
M.	E CASE NO.								1,5011		
l. (Ty	NAME OF DEC		OHN	F.	RICHARDS			ber 16, 1965		7:15 P	A.A.
FLI	LL NAME OF			ERE PRONOU	TION, GIVE STREET			deceased lived. If insti-			sign)
INS	MONON	n Memor				Bal	timore RESS (If roral,	give locotion)	6-	99	_
7						4313	3 Brehm	s Lane	31133		
5. 5		6. RACE		7. MARRIED, WIDO WED, D	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthday)	Manths	Days Hours M	Hrs.
	fale	White		Mar	ried BUSINESS OR INDUSTR	June 4.	1913	52	12. CITIZ		
dan	e during mast of w	arking life, even	if retired)	Veter Loch R	ans Hosp aven	Phila.			WHA	J.S.	
15. (Yes	Benj WAS DECEASED	amin F	S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	Berth:	a Smit	<u>h</u>	ADDRESS	\$	_
	Yes	2n V				Florence	S. R	ichards.43	313 E	Brehms La	ne
	(This does n heart foilure, injury ar carr A DISEASES (RISE TO THE	E OR COND LEADING TO of mean the osthenio, etc. optication which NTECENDEN' DR CONDITIO E ABOVE CAL G CONDITIO	D DEATH made of It means th coused de T CAUSES DNS, IF AN USE (A) STA	dying, e.g., the disease, eath.)	Hyper	tensive ar		riosclerotic		INTERVAL SETWE	
Z					(C)					· · · · · · · · · · · · · · · ·	****
ERTIFICATION	TO THE	II IIFICANT CONDEATH BUT	NOT RELA	ATED TO TH		_					
O	19A, DATE OF	OPERATION	198, COND WAS PERFO		VHICH OPERATION	20 A. AUTOPSY Yes		20B. IF YES, WERE FIN IN CERTIFYING CAUS			
	21 A, EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-		21 B. I hame, etc.)	PLACE OF INJURY (e.g., farm, foctory, street,	in or about 21C. V office bldg., INJURY	HERE DID OCCUR?	If in Boltimare City, giv	e exact la	ocation)	
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Do	oy) (Yeor)		HILE AT NOT AT W	WHILE	N DID INJU	IRY OCCUR?			
		Ify that I hel			Inspection Au			s basis, death in m		n	
	ACTUAL SIGNATI		01	ale. S	15	CHIEF M	EDICAL EX	AMINER _		DATE SIGNES	D

M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

12/17/65

EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION, 238. DATE

23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county)

(State)

Removal 12/19/65 Mazeppa

Minnesota.

ADDRESS

VS 151-REV. 1/1/65

Left Caphaician Capha Ca

Academy Sell

Lavonas

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cause; (5) Deceased contributing cause atten prior occurred (4) Undetermined regular mad eceased disposition = Was direct IMPORTANT death OU attendance any OF pronounce embalmed fracture the chief medical examiner FUNERAL DIRECTOR: regular ho are 4 3 an burns; physician was physici (2) Body 0 before to the hospital by where °Z any nature; obtained 9 approved (except and 10 death) hospital was released must accident 0 0 prior ŧ An

deceased

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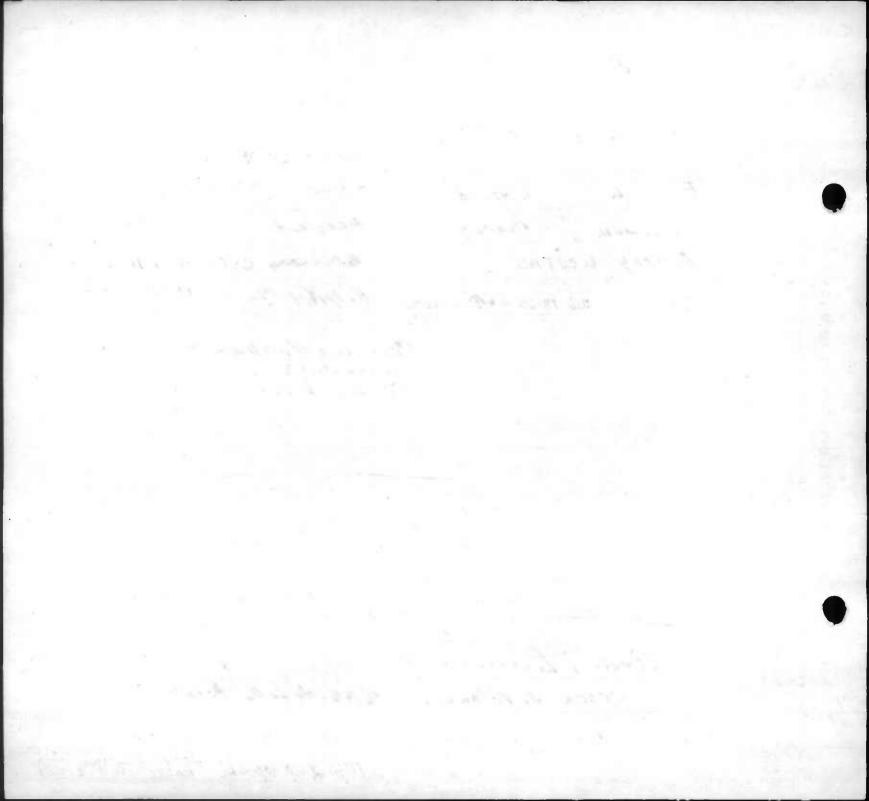
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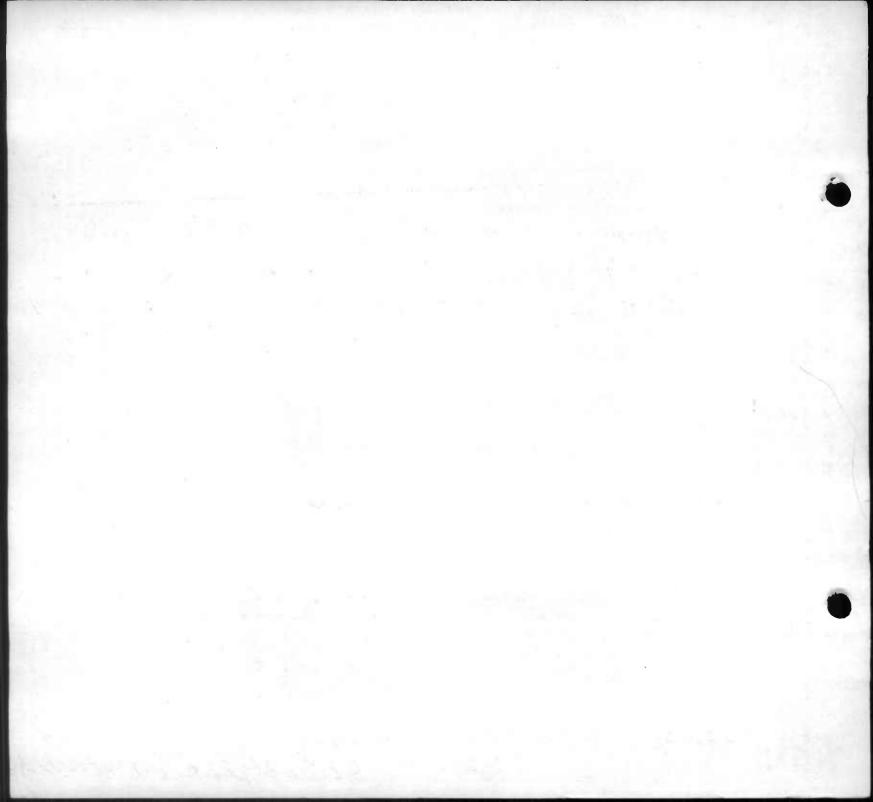
of death

hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 1286 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH NAME OF DECEASED Wortas, Frances Cecilia (MIKS) (Type or Print) DEC. 16,1966 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) Marzyland FULL NAME OF HOSPITAL OR INSTITUTION (Il not in hospital or institution, give street oddress or locotion) (It outside city limits, write RURAL and give township Montobello State Hospital (If jurol, give location) 3103 ZIGGTTST. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yi. If Under 24 His. WIDQWED, DIVORCED (specify) Hours lost birthdoyl a 10666 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Maryland Buteky 1.54 Salesucman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anthony CECILIA BIALECKA 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT Chart THEODORE WOSTAS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 216-18-6534 monny GUSRYANST. 21224 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cancinoma of rections a Th LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) Cuse in known ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION last. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL etc.) DEATH (notify medical exeminer) 21D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At [(APPROX.) Work Decele beac 22. I certify that (1) (this haspital) ottended the deceased fram. December 16 1965 that (1) (we) last saw the deceased alive an.... and that In(my) (aur) apinlan death accurred an the date and haur and fram the couses stated abave. (1) (We) (did) (did nat) view the body after deoth. 23A. SIGNATURE Dec. 16, 1962 Attending Med. Director M.D. approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) % 16 1 to 60 MG 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) CEM. ST. STANISLAUS 12-20-65 25 MAME OF REGISTRAR



	Da 1 ml		BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	TH NO. PR. Geo. 6, 89 1286	8	CERTIFICA	TE OF DEATH	Registered Na.	CE 49000
	E CASE NO.		CERTITICA		V.	00 12000
	Pe or Print) VALERIE C.	THOMP	NOS	1 1 5	D HOUR OF DEATH	13:15 0
2	VALERIE C.		3014		- 11 - C 5	stitution: residence before admission)
				A. STATE B. COUN MARYLAND		
	FULL NAME OF (If not in hospital or oddress or location)	institution,	give street	C, CITY OR TOWN (If out	sido city limits, write	RURAL and give township)
	THE JOHNS H	OPKIN	S HOSPITAL	BEL ALTON		58-00
2	3			D. STREET ADDRESS (IF	rural, give location)	V -
1						
S.	SEX 6. RACE 7	MARRIED,	NEVER MARRIED		9. AGE (In years lost birthydoy)	If Under 1 Yr. If Under 24 Hrs. Manthey Rays Hours Min.
F	TEMALE NEGRO	NEVE	R MARRIED	1-1-64	iosi siiraoyi	美 英英英英
	USUAL OCCUPATION (Give kind of work)	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
dor	e during most of working life, even if retired)		91-0	P Henre	Co Tred	1.88
13.	FATHER'S NAME		mone_	14. MOTHER'S MAIDEN NAM	ME	000
	TOTAL TAXABLE TOTAL	MOCON		MARY E BUTI	ED	
	JOHN MARYLAND THO		Ti Comment	MARY E. BUTL	_ER	ADDRESS
(Ye	Was Deceased Ever in U. S. Armed Farce s, no ar unknown) (If yes, give war ar dates	of service)	16. SOCIAL SECURITY NO.	1 A	supson of	4.1
-	18. 0 9 9 91		CAUSE	DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) C	which tib	cisor	
	(This does not mean the made of dheort foilure, asthenia, etc. It means the		DUE TO	-6		a a a a a a fe a fe a fe a fe a fe a fe
	injury ar camplication which coused d					
	ANTECEDENT CAUSES		(B)			**************************************
	DISEASES OR CONDITIONS, if an	ny, giving	50110			
	rise la the obave cause (A) s	stating the	(C)			
	UNDERLYING CONDITION last.					
NO	OTHER SIGNIFICANT CONDITIONS CO					- TATE - 1 AL 60
AT	DISEASE OR CONDITION CAUSING IT.			120 A	V 000 15 255 1455	
ERTIFICATIO	19A. DATE OF OPERATION 198. COND		WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
Ü	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact lacotion)
CAL	DEATH (notify modical examiner)	etc.		The state of the s		
EDIC	21D. TIME (Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
E	OF INJURY (APPROX)		ile At Not Whit			
		Wo		10-25-6	5	2 11-16
	22. I certify that (I) (this haspital)				10ta	2-11-65 19
	that (I) (we) last saw the deceased				at In(my) (<u>our</u>) api	nian death accurred an the date
	and have and fram the causes state	d abave. (I) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE			70. H	e	238, DATE SIGNED
	Christine Sin		M.D. After	ending Med. Director	Stoff Phys.	13-11-65
	23C. PHYSICIAN'S NAME (Typo)			23D. ADDRESS	NATION HOOF	8-T A 8
	Christine	Sim	M.D.	JOHNS HOP	KINS HOSP	TIAL
24.	A. BURIAL CREMATION, 24B. DATE	24C. N	AME OF CEMETERY OF CRE	MATORY A 24D. L	OCATION 19	ty town, or county) (Stote)
1	Ziriaf 12/13/6	5 5	Thomas		Tel all	ton med
25.		made and	OF REGISTRAR	2SC. FUNERAL DIRECTOR	Funent N	and ADDRESS
	DEC 20 1965 R.Q.	क र. ज	CLIAN, MA	Kickor	T fre	rapicla no
310	100 BEW 1/1/46					//



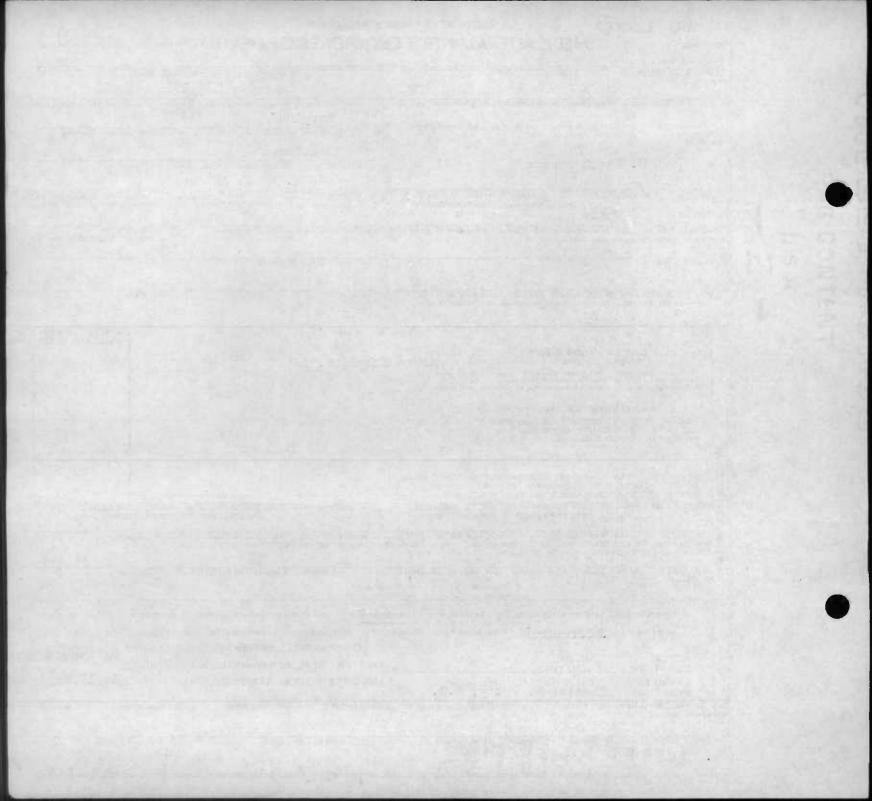
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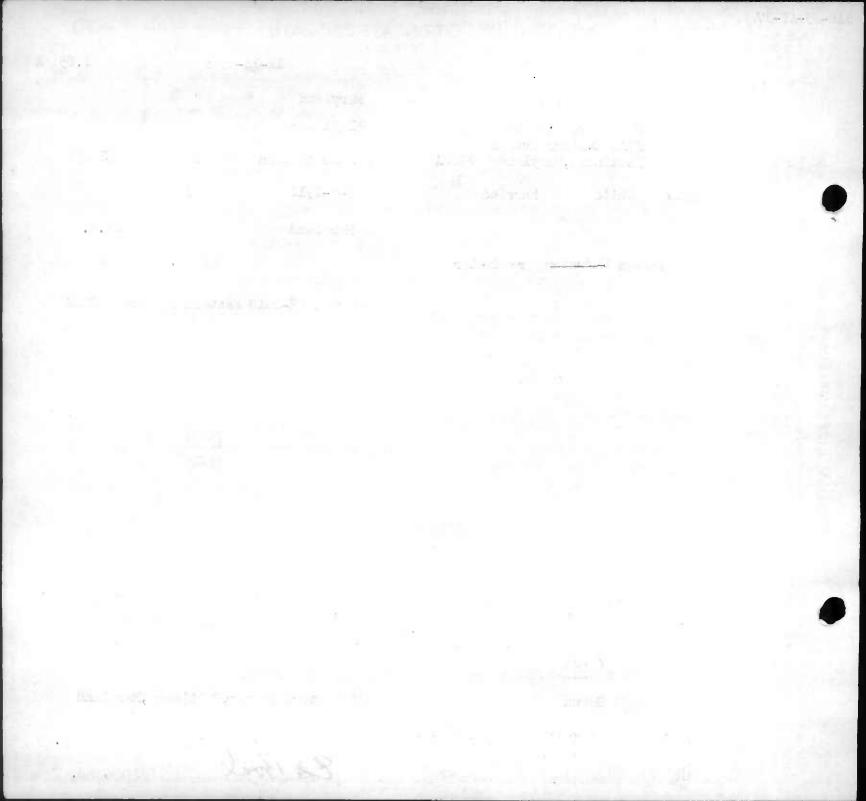
VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EX	XAMINER'S	CERTIFICATE	OF	DEATH	Registered	No.)	14
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BIRTH N	o.	MFD	ICAL EX	AMINER'S C	ERTIFICATE OF	DEATH Regist	ered No.5 12869
M.E. CA							
1. NAM (Type or	E OF DECEASED	CRANST	ON	HURT		ember 17, 19	
3. PLAC	E IN BALTIMORE,	MARYLAND, W	HERE PRONO	INCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. If ins B. CO	titution: residence before admission
FULL NA HOSPITA	AME OF (IF AL OR AD TION	NOT IN HOSPIT.	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If outs	1	e RURAL and give township)
0	920 W. 1	North Ave	nue		Baltimor D. STREET ADDRESS (If rur		5-00
					920 W. N	orth Avenue	
5. SEX	6. RACI	Mhite	WIDO WED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
IOA. USU	JAL OCCUPATION	(Give kind of worlde, even if retired)	TOB, KIND OF	RIED F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATH	UNEM ER'S NAME	P			KENTUC		usa
	unk				Unk		
15. WAS (Yes, no c	DECEASED EVER	IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
Y2	o wi	ノロ			FAMILY	4170	atapsco Ave
18.	DISEASE OR	OI CONDITION DI	RECTLY		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
h	his does not med eart failure, astheni	o, etc. It meons	dying, e.g., the disease.	DUE TO	Ethylism.	•••••••••••	
	jury or complicatio						
RI	ISEASES OR CO SE TO THE ABOV NDERLYING COI	E CAUSE (A) S'	NY, GIVING	(B). DUE TO			
		TOITION LAST.		(C)			***************************************
S I	THER SIGNIFICAN	BUT NOT RE	LATED TO T				
19A.	DATE OF OPERA		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE F	INDINGS CONSIDERED
OUND	EXTERNAL CAUS DERLYING OR CO IG O CAUSE OF I	NTRIB-	21 B, home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in as about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, g	rive exact location)
21 D	TIME (Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	POX.)		m. V	WHILE AT NOT	WHILE ORK		
22.	I certify tha	t I held an I	nquiry 🗌	Inspection Au	tapsy 🗵 and that on t	this basis, death in	my opinian
	resulted from	m: Natural ca	uses X	Accident D Suicid	e Homicide	Undetermined mann	er
	ACTUAL	01	cirly \	Cuty 40	CHIEF MEDICAL I		DATE SIGNED
	EXAMINER'S NAME (Type)	Charles	S. Pet	ty, M.D.	ASSOCIATE MEDICAL	and the same of th	12/17/65
	RIAL CREMATION AL (Specily)			C. NAME of CEMETERY	CREMATORY 23D.	LOCATION (City	, town, or county) (State)
(Burial	12-2	1-65	Bulto na	t. Com.	Baltinore	29, MD.
24A. DA	EC 20 19	65 Pober	248 NAME	OF REGISTRAR	Mc Call +	or ol.	37 Paropess
VS 151-	REV. 1/1/65		1 7	2 0 1	The Course of the	new Fore	Lice of the





STULCH (COMMA) BAST GREE DIE 16 FU 35 H MANUEST HOLDING TESTS. M.D. BULLIO MD THE PARTY. 23 S. STRICKE ST. 12/11/15 325413 amero, no CHARLES H-11413 . 1 Lows O. Deskil, M. John Com 0 4 MEXIT ABDOMINA HEARINGS -BIRTH TRAUMA 2° to warmen to Pates for man No 17/10 10 -00/1/21 Oris O. Owen 12/11/05 and ther - hours, m) Louis O. Ozsean

and of death

a hospital

or his assistant if death occurred in

if the direct or contributing

Also.

examiner.

medical

Such

death.

9

prior

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in

(except

on the

attendance Cause

> regular deceased =

Was the

death

pronounced

physician

kind;

Body burns; (3) A fracture of any

(5)where attendance on

regular who

(4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner

the body was released to the hospital by

shows: (1) An accident of any nature;

at a hospital

was D.O.A.

		65	1287
BIRTH	NO.	UU	TYOI

	Y HEALTH DEPARTMENT	
HRTH NO. 65 12872 CERTIFICA	TE OF DEATH Registered No. 65	12872
Type or Print) CHARLES HILDEBRANDT	2. DATE AND HOUR OF DEATH	8:45 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institute A. STATE B. COUNTY	ion: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN III outside city limits, write RURA	L and give township)
3 THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give locotion) 1738 MONTPELIER SRE	EFSTREET
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MALE WHITE MARRIED	9-1-99 66	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
(OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	(11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
Bricklayer Meyerhoff	Baltimore, Md.	U.S.A.
GEORGE Hildebrandt	14. MOTHERS MAIDEN NAME MATRE MARIE SCROGGS	
(16. SOCIAL SECURITY NO.	Charles T. Hildebrandt 7203	Address Belair Ro
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode af dying, e.g., heart foilure, osthenio, etc. It means the disease,	etratic pancietic Ca	INTERVAL BETWEEN ONSET AND DEATH
injury ar camplication which caused deoth.) ANTECEDENT CAUSES (B)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION tost.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED 21B. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) home, form, foctory, street, cetc.)	in or about 21C. WHERE DID (If in Baltimore City office bldg., INJURY OCCUR?	y, give exact location)
O STO THE CALL OF A CHARLES OF THE STORY OF	DIE HAW DID INTHIAN ACCURE	

MEC OF INJURY (APPROX.)

Not While At Work While At Work

(1) (this hospital) attended the deceased from that (we) lost sow the deceased alive

2 19

19 and that in (my) (our) opinion death accurred an the date

(City,

and hour and from the couses stated above. (D)(We) (did) (did not) view the body after death. 23A STONATURE

M.D. 23C.PHYSICIAN'S

mo

23D. ADDRESS

Allending Phys.

M.D.

ben 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

town, or county)

23B. DATE SIGNED

12-16-1 C 20 1965 (P) Burial

1965 Baltimore 255 NAME OF REGISTRAR

Baltimore Cemetery 25C. FUNERAL DIRECTOR

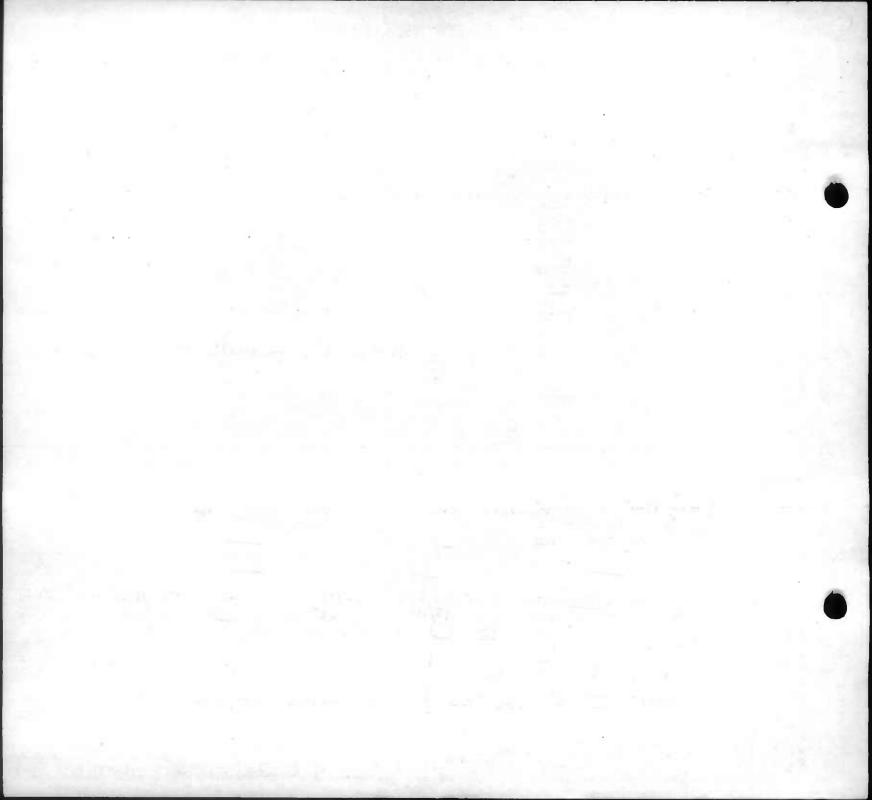
Med. Director

Md.

(Stote)

VS 150-REV. 1/1/65

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RGB

(Tve	IAME OF DECEA			22. 2	2. DATE	AND HOUR OF DEATH	
		Michael And		Lbode		Dec. 15, 196	
	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or location	or institution, g	ive street	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss A. STATE B. COUNTY Conn. C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
/		Hanlah Cama	od - Hon		Water	bury	V-06
		Health Serv Drive & 31st		_	D. STREET ADDRESS	(If rurol, give locotion) Grandview Rd.	
5. 5	M 6.	. RACE	7. MARRIED, WIDOWED SI	NEVER MARRIED , DIVORCED (specify) ngle	6/21/46	9. AGE (In years lost birthday)	Months Doys Hours
don		rking life, even if retired)	USAF	BUŚINESS OR INDUSTRY	11. BIRTHPLACE (Stole or Conn.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	Joseph	n Gilbode		10.76	14. MOTHERS MAIDEN Mary La		
15. (Ye:	Wos Deceased E.s, no or unknown) (1	ver in U. S. Armed form If yes, give wor or dote Active USA	s of service)	16. SOCIAL SECURITY NO. 045-36-2349	Records- U	IS PHS Hospit	al, Balto, Md.
	LE	OR CONDITION DIR		(A)	monary edema		interval between onset and deal Hours
	hearl foilure, os injury ar campl	meon the made of sthenio, etc. II meons lication which caused NTECEDENT CAUSES	the disease, death.)	Car	diac dilatati	Hours	
	rise to the	CONDITIONS, if above cause (A) CONDITION last.				Months	
ATION	TO THE DEA	II CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING I	TED TO THE		al hemorrhage yocardial hem		Hours Days
ERTIFIC	19A. DATE OF O	PPERATION 198. CON WAS PERF		VHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CALC	OR CONTRIBUTI	WAS UNDERLYING DATE OF CAUSE O		PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21C. WHERE DI fice bldg., INJURY OCCUI	D (If in Boltimo	ore City, give exact location)
MEDI	OF INJURY	Month) (Doy) (Year)		INJURY OCCURRED le At Not While At Work		INJURY OCCUR?	
	that (1) (we) 10	ost saw the decease from the couses stat	d alive on		19 65 /one	d that in (m/y) (our) of	Dec. 15 19 plnion death occurred on the 23B, DATE SIGNED
	Or		ft	Phy	23 D. ADDRESS	Stoff Phys.	12/16/65
	23C. PHISICIAN NAME (Type	J. Lau, Sur	rgeon (R	M.D.	US PHS Ho	spital, Balto	o, Md.

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M.E. CASE NO.		(AMINER'S C		. 01 01	., (
NAME OF DECEASED				DATE AND H	OUR PRONOUNCE			
Type or Print)	ROBERT	ATHEY			12/1	.5/65 8:05 a.		
B. PLACE IN BALTIMORE, MARYLAND, W	4. USUAL RESIDE	ICE (Where dec	eosed lived. Il insti	itutian: residence before odmissio				
			A. STATE	ryland	B. COU	NTY		
TULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA			orporote limits, write	RURAL and give township)				
NSTITUTION) 1) 10				
/>				Baltimor				
			D. STREET ADDRE	SS (If rurol, giv	ve locotion)			
Sinai Hospi	tal			5032 Pa	lmer Ave.			
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)			B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months, Doys, Hours, I					
male white			(Unknown)	913	52			
DA. USUAL OCCUPATION (Give kind of work	TOB. KIND OF	VORCED F BUSINESS OR INDUSTR				12. CITIZEN OF		
one during most of working life, even if retired)	**	1-	77 -	4		WHAT COUNTRY?		
Labover	U ₁	nknown	Kannapo	DEN NAME	•	U.S.A.		
TAINER 3 NAME			14. MOTHER 3 MA	DEIA IAWINE				
	n) Ather			Unkn	own			
WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
(Unknown)		Unknown	Lady's Fu	eral Ho	me Kannapo	lis. N.C.		
118			OF DEATH	10241 110	Kaimape	INTERVAL BETWEEN		
2-90010		CAUS	OF DEATH			ONSET AND DEAT		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING	LATED TO T							
19A. DATE OF OPERATION 19B. CON	FORMED		ve	IN IN	YES			
21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB-	21 B.	PLACE OF INJURY (e.g., , form, foctory, street,	office bldg. INJURY	IERE DID (If i	n Boltimore City, gi	ve exoct locotion)		
UNDERLYING OR CONTRIB-	etc.)	home		Palmer		1-11		
21D TIME (Month) (Doy) (Yeo	rl (Hour) 2	TE. INJURY OCCURRED		V DID INJURY		1		
OF INJURY								
12 17 07	m. V	WHILE AT NOT	WHILE X fe.	l down	steps			
22. I certify that I held an I	nauiry	Inspection Au	topsy x and	that on this	basis, deoth In m	av aninian		
	parent,							
resulted fram: Natural ca	uses A	Ccident X Suicio			determined manne	er _		
1 40		21	CHIEF ME	DICAL EXAM	AINER	DATE SIGNED		
SIGNATURE Wern	eh.	Zan C MID	ASSISTANT ME	DICAL EXAM	AINER X			
EXAMINER'S) m. L	ASSOCIATE ME			12/15/65		
NAME (Type) Werne	r II. Sn	itz. M.D.	TO THE ME					
A. BURIAL CREMATION, 23B. DATE		C. NAME OF CEMETERY	or CREMATORY	23 D. LOC	ATION (City,	town, or countyl (Stotel		
Removal 12/16/	65	Kanna	apolis, N.C	. K	Cannapolis	, N.C.		
4A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA			ADDRESS		
DEC 20 1965 R. Land	1 63 11	Shoop M.M.				St. Paul St.		
S 151-REV. 1/1/65 A	+	1		()	Balt	imore, Md. 21202		

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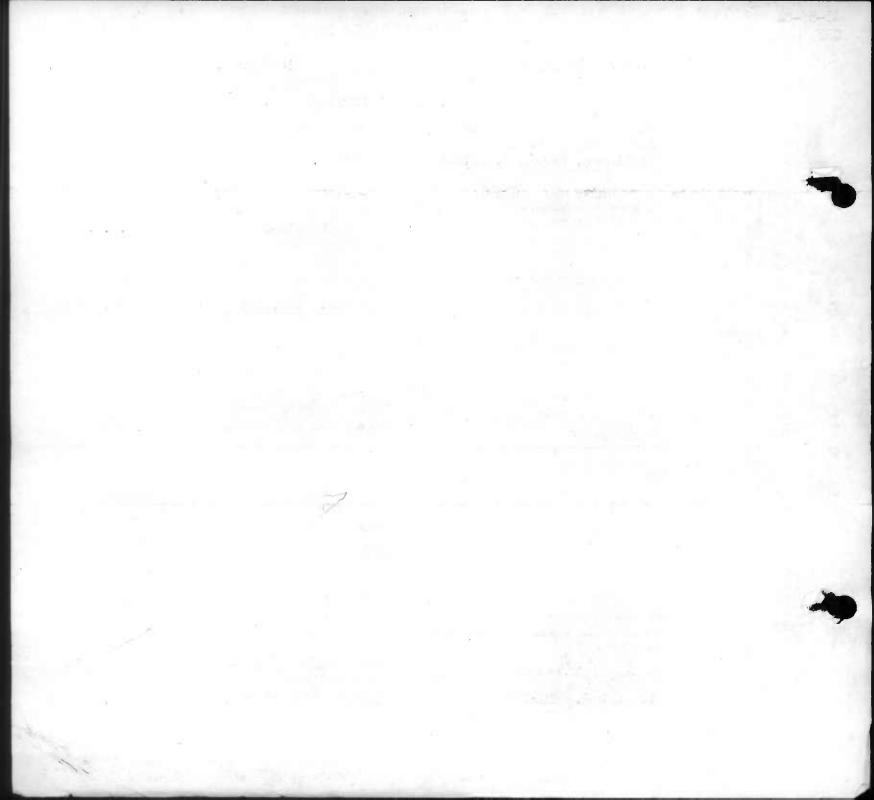
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VS 150-REV, 1/1/65

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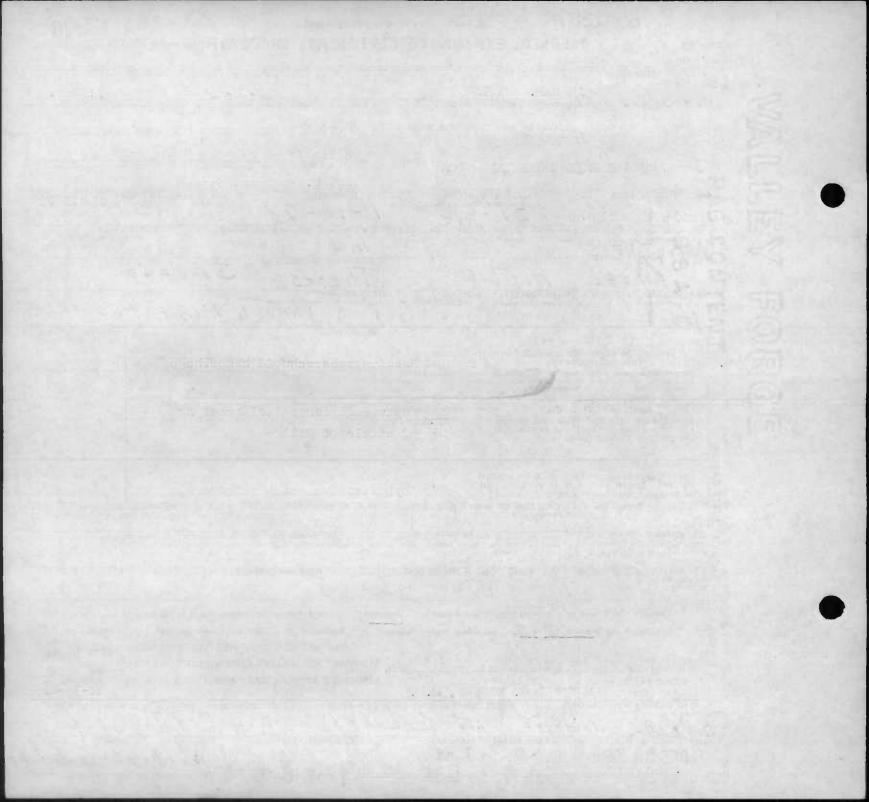
Such

BALTIMORE CITY HEALTH DEPARTMENT 65 12875 Registered No. 65 12875 CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF CEATH (Type or Print) Joseph McFadden December 3, 1965 2:20 A. M. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore City Hospitals Baltimore 4940 Eastern Avenue O. STREET AGORESS (If rurol, give location) Baltimore, Maryland, #21224 613 E. Baltimore Street 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. Months: Ooys If Under 24 Hrs. Hours ! WIOOWEO, DIVORCED (specify) lost birthdoy) 1-9-1888 Male White 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ACORESS 6. SOCIAL (Yes, no or unknown) (If yes, give wer or dotes of service) SECURITY NO. RECORDS: BCH, 4940 Eastern Avenue, #21224 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY MOMENT LEADING TO DEATH (This does not mean the made of dying, e.g., HEART DISTASE heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) MEDI (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DIO INJURY OCCUR? OF INJURY While At Not While [(APPROX) Work At Work 22. I certify that (1) (this haspital) attended the deceased fram. 19 65 that (I) (we) last saw the deceased alive an ... ond that in (my) (our) apinion death accurred an the date and hour and fram the causes stated above. (1) (We) (did) (did.net) view the body after death. 23A SIGNATURE 23B. DATE SIGNED M.O. Attending Phys. Med. Stoff Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS LEONARD J. QUADRACCI 4940 Eastern Avenue, Baltimore, Md., #21224 M.O. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) 25B NAME OF REGISTRAR AODRESS 25C. FUNERAL DIRECTOR



VS 151-REV. 1/1/65

B) R1	TH NO.	MEDI		AMINER'S C			DEATH Register		12876
M.I	CASE NO.								
1. 1	NAME OF DECEASED	MANUEL LIE				2. DATE AND	HOUR PRONOUNCE	D DEAD	
(,,)	26 01 111111	JEAN I	P. AUST	IN		12.	-13-65		7:52 A. M.
3. P	LACE IN BALTIMORE, M		-			water Carlo	deceosed lived. If instit	tution: resid	
HO	SPITAL OR ADDR	T IN HOSPITA	L OR INSTITU	TION, GIVE STREET	Marylar c. city or tow		B. COUI		d give township)
IN 2	TITUTION				Baltimo	ro	17	7	7
10	JOHNS HO	PKINS HO	OSPITAL	- DOA	D. STREET ADDR		give location)		
ė	DOMAD IN	VIKIBO IN	ODITIM	DOLL	1306 E.	Mounme	ent Street		
5. S	EX 6. RACE		7. MARRIED. I	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (in years	Tif Under	1 Yr. If Under 24 Hrs.
	'emale Col	lored	WIDOWED, D	V9/C	1-10-	-28	lost birthdoy) 37	Months	Doys Hours Min.
don	during most of working life,	even if retired)	10E KIND OF	BUSINESS OR INDUSTRI	Md'	Stote or foreign	i country)	WHAT	N OF COUNTRY?
13.1	SAMUE	6 1	gust.	IN	There	SA	SAVE	998	
15,1	WAS DECEASED EVER IN	U.S. ARMED	FORCES?	16. SO CIAL					
(Yes	, no or unknown) (If yes, gi	ve war ar dates	of service)	SECURITY NO.	Ruth 7	HAXI	ON 1913 1	E.F.	Ederals
	18.	r		CAUSE	OF DEATH	11/2			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CO	NDITION DIR	ECTLY	Mona	in aubana	ahmadd	hamauuhaaa		ONSET AND DEATH
	(This does not mean heart failure, asthenia, injury or complication	the mode of etc. It means	the disease,	DUE TO	TAG SUDALA	icimora	hemorrhage		*****************************
						10			
- 17		DENT CAUSES		(B) Rupt	ure of cor	ngenita:	l aneurysm		
	RISE TO THE ABOVE	CAUSE (A) STA		ABURAGO OF C	ircle of W	7:11ie			
_	UNDERLYING COND	DITION LAST.		(C)	TICLE OF W	17770			
Ó				(
F	OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTION	G					
CERTIFICATION	TO THE DEATH E	UT NOT RELA	ATED TO TH		ertensive	heart o	lisease		
	19A. DATE OF OPERATIO	WAS PERF		H) CH OPERATION	Yes		208, IF YES, WERE FIN IN CERTIFYING CAUS		
EDICAL	21A, EXTERNAL CAUSE UNDERLYING OR CON- UTING CAUSE OF DE	TRIB-	21 B. P home, etc.)	LACE OF INJURY (e.g., form, foctory, street, c	in or about 21C. W office bldg., INJURY	HERE DID (e exoct loc	cotion)
Σ	21 D TIME (Month) OF INJURY (APPROX.)	(Doy) (Year)		E, INJURY OCCURRED	WHILE	M DID INTO	RY OCCUR?	41.	
	22.		m. W	ORK AT W	ORK .				
	I certify that I		(कस)				s bosis, deoth in m		
	resulted from:	Naturol Cou	Ses Zu A	ccldent Sulcid			Indetermined monne	· L	
	ACTUAL	RA	Link	2	ASSISTANT ME		AMINER AMINER		DATE SIGNED
ij.	SIGNATURE EXAMINER'S	-V-V-4 1			ASSOCIATE ME				
	NAME (Type)	RUSSEL		SHER, M.D.		DIONE EX			12-13-65
	BURIAL CREMATION,	23B. DATE	/. 230	NAME OF CEMETERY	CREMATORY	23D. LC	CATION (City,	town, or co	ounty) (\$10to)
1	SURIAL	12/18/	65	MT. CAL	YARY	A	A. Coul	Vly	, mf
24 A	DEC 20 198	H DEPT.	248 NAME C	OF REGISTRAR	24C. FUNERA	L DIRECTOR	01011	4 AL	DDRESS
	DEC 20 130	The Charles	DE GE	VACUETY AND	Topl.	So de	Allin 1.	2041	1. Central



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5. SEX

M.E. CASE NO. I NAME OF DECEASED (Type or Print)

FULL NAME OF

23C. PHYSICIAN'S NAME (Type

24A, BURIAL CREMATION.

VS 150-REV. 1/1/65

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

248. DATE

12/18

HOSPITAL OR

MARGARET

3. PLACE OF DEATH IN BALTIMORE, MARYLAI

6. RACE

House in the P

Belvedere Aven

	BALTIMORE CITY	HEALTH DEPARTMENT						
5 12877	CERTIFICA	TE OF DEATH	Registered Na	55 12877				
		2. DATE	AND HOUR OF DEATH					
MARGARET C.	O'BRIEN	12	2/16/65	м.				
BALTIMORE, MARYLAND		12/16/65 M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
(If not in hospital or institution, g address or lacation)	ive street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
e in the Pines	N.H.	Baltimore D. STREET ADDRESS (If rural, give location)						
edere Avenue		Hopkins	Ants.					
E 7. MARRIED,	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
IN (Give kind of work 108, KIND OF life, even if retired)	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA				
a, es OBBrien n U. S. Armed Forces? s, give war ar dates of service)	16. SOCIAL SECURITY NO.	Margaret Margaret Margaret Margaret	McShane	ADDRESS				
ONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH				
on the mode of dying, e.g., nio, etc. It meons the diseose, on which coused deoth.)	DUE TO	ralized a	/ 1	2+32				
EDENT CAUSES	(B) Chare	rallyera	Here eclipse	U 5+2/10.				
ONDITIONS, if ony, giving ve couse (A) stoting the NDITION lost.	(C)			<i>U</i>				
II T CONDITIONS CONTRIBUTING	•	0						

24D. LOCATION

Mitcheld-Wredefeld Home

(State)

(City, town, or county)

Rd .-21212

ADDRESS

Female White 10A, USUAL OCCUPATION (Give kind of work 108, done during most of working life, even if retired) housewife 13. FATHER'S NAME Ja, es 08Bri 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown)(If yes, give war ar dates of DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not meon the mode of dyin hearl foilure, osthenio, etc. It means the injury or complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if onv. to the above couse (A) stati UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO 22640 DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact lacation) DEATH (notily medical examiner) etc.) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Wark At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (our) aplaion death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Stoll Director Phys.

23 D. ADDRESS

25C. FUNERAL DIRECTOR

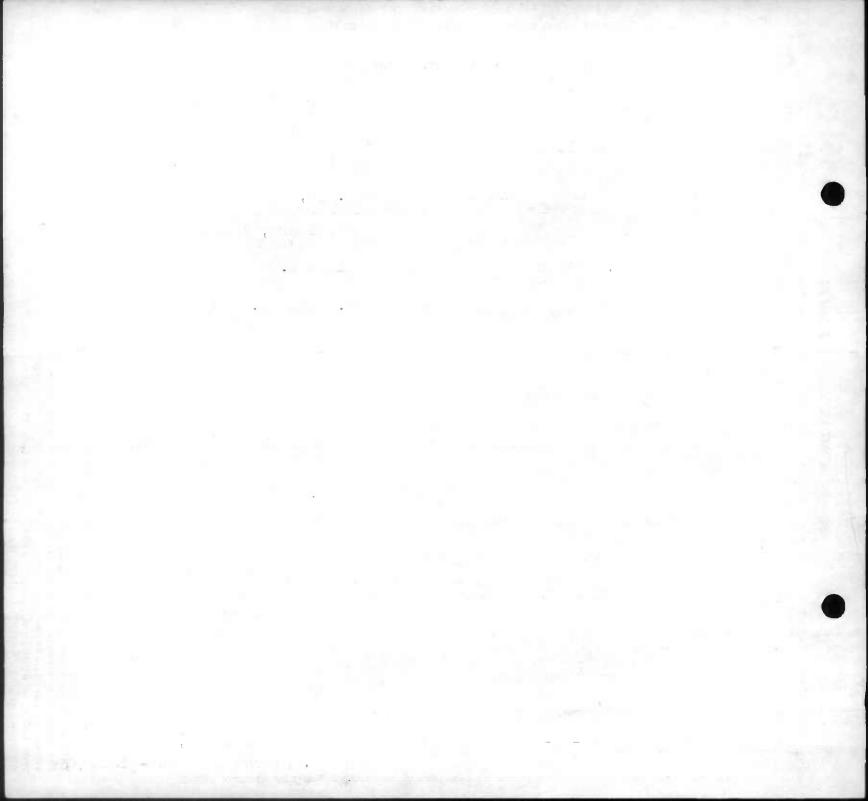
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/65 Cathedral

24C. NAME of CEMETERY of CREMATOR

,

BIRTH NO.	65 1287	8	CERTIFICA	TE OF DI	FATH	Registered No	5 12878									
M.E. CASE NO.	ASED		OEKTITO,	12 01 0	V	ID HOUR OF DEATH										
Type or Print)	An MAUC	Ahs J	an Marie Mar	ugans		12/14/65	- 12 noon									
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)					B. COUN	e deceosed lived. If in	stitution; residence before admissi									
				Maryland Baltimore C. CITY OR TOWN (If outside city limits, write RURAL ond give township) Baltimore D. STREET ADDRESS (If rurol, give locotion)												
									Mer	cy Hospita	T				tford Road	
									- SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years	If Under 1 Yr. If Under 24 H
F	Cano	Sin	o, DIVORCED (specify)	Jan. 30		lost birthdoy)	Months Doys Hours Min.									
	PATION (Give kind of work orking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?									
Stude				Balti	more.	Maryland	WHAT COUNTRY!									
3. FATHER'S NAM	E			14. MOTHER'S A												
Edwi	n L. Mauga	ns		Alice	L.											
. Was Deceased	Ever in U. S. Armed For (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS									
No	/		None	Mrs. Ed	win I.	. Maugans										
1B. / G G	. 21		CAUSE O	DEATH			INTERVAL BETWEEN									
DISEASE	OR CONDITION DIR	ECTLY	2.	A 41	1		ONSET AND DEATH									
	EADING TO DEATH	Auto	(A) /W	elastatie	Dus	las à aser	a 5/16.									
heart failure, o	sthenia, etc. II meons	the disease,	DUE 10			las è Asu										
	NTECEDENT CAUSES	deoth.)	18 te	a tome												
	R CONDITIONS, if	nau oiviao	DUE TO	######################################		16 with a a a sweet a second 64444	9 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 									
rise to the	obave couse (A)		(C)	***********************	******************************	200 - 200 ha h 2a v aa dabba a co	7 1470-0-0-0 4 77777777 6 1470-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-									
UNDERLING	CONDITION losi.															
TO THE DE	I I I I I I I I I I I I I I I I I I I	TED TO TH	G E													
19 A. DATE OF		DITION FOR V	WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED									
Myray 7	165 12	bel	Mess	y	in	IN CERTIFYING CAL	JSES OF DEATH?									
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner	21B. hom etc.)	PLACE OF INJURY (e.g., in e, lorm, foctory, street, of			(If in Boltimore	City, give exact location)									
	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HC	ILNI DID W	URY OCCUR?										
(APPROX.)		Whi	le At Not While													
22. I certify t	that Wi(this hospital			July	1	9 65 ta	Dec 14 1963									
that (I) (we)	ast saw the decease	d olive on	Dec	14 19 65		ot in (and) (our) onic	nion death occurred on the c									
			(We) (did) (did not) v	iew the hady of	iter death	oy, (00., 0p	won doon decomed on the									
23A. SIGNATUR		201	4.1.	The body of	Ter deom.		23B. DATE SIGNED									
d	Culland	Stend	Phy!	. D	rector	Stoff Phys.	12/14/65									
23 C. PHYSICIAN NAME (Ty	pe)		M.D.	23D. ADDRESS	Mercy	Hometas										
REMOVAL (Sp	ATION, 248. DATE	24C. N	ME of CEMETERY OF CRE	MATORY	24D. LC	CATION/ (Cit	y, town, or county) (State									
Burial	12-16-	65	Parkwood		Be	altimore,	Marvland									
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME C	OF REGISTRAR	25C. FUNERA	L DIRECTOR		ADDRESS									
DEC 2	1955 P. L.	78040	inthough in in	Home (6 FOO	nell & So	ns-Wiedefeld									
S 150-REV. 1/1/65	5			notice .	O JUU I	ork Read										



	BALTIMORE CIT	TY HEALTH DEPARTMENT	65 19070
BIRTH NO. 65 12879	CERTIFIC	ATE OF DEATH Regi	stered No.65 12879
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR	OF DEATH
(Type or Print) Julia Elizabe	th Malgon		
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	ON METSOIL	4. USUAL RESIDENCE (Where decease	1965 3:50 P. ed lived. If institution: residence before admission
		A. STATE B. COUNTY	111
FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	litution, give street	Maryland C. CITY OR TOWN (If outside city	
INSTITUTION		Baltimore	limits, wife KUKAL and give township)
10 2025 Eutaw Pl	200	D. STREET ADDRESS (If rurol, give	location
LODY DUOUN II	400	2025 N. Eutaw P.	
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (I	n years If Under 1 Yr If Under 24 Hr
W	divorced (specify)	Dec.10,1900 lost birthd	Months Doys Hours Min.
female white OA. USUAL OCCUPATION (Give kind of work 10 B. K			
lone during most of working life, even if retired)			WHAT COUNTRY?
self-employed	real estate	Ashton, Marylan	nd USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Herbert E. Yost		Minerva N. Sheen	nebeck
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of s	SECURITY NO.	Wm. Wagner (execu	utive) 2007 York Rd.
l'a		OF DEATH	
32 X I			ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y (a) of lement	and leaker our
(This does not meen the mode of dying	g. e.g., DUE TO	ger ac	
heart failure, asthenia, etc. It means the dinjury or complication which coused death	Jiseose,	there sclere	
	1.1 (B)	Then sclere	eis. 23 yrs.
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) state			7
UNDERLYING CONDITION losi.	(0)		
11			
O OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING		
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE		
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSIDERED
E C .		~~0	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	office bldg, INJURY OCCUR?	If in Boltimore City, give exoct locotion)
DEATH (notify medical examiner)	etc.)		
	ur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?
Z1D. TIME (Month) (Doy) (Yeor) (Ho OF INJURY (APPROX.)	While At Not W	hite	
	Work At Wo	10113	10 11
22. I certify that (I) (this heepital) atte	ended the deceased fram	1904	10 /2 - /6 19 63
that (1) (we) last saw the deceased ali	ve an	19.6.5 and that in (m)	r) (our) opinian death accurred an the c
and haur and from the causes stated al	bave. (1) (We) (did) (did not) view the bady after death.	
23A IGNATURE			23 B. DATE SIGNED
George A Geo	198. M.D.	Attending Med. Stoff Phys.	12-17-65
SC. PHYSICIAM'S	1	23D. ADDRESS	10.45 1.1
NAME (Type)	J	Mid. ors Bld	4 Bolto. Md 2/20
Dr. George Ye		40	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of		
Burial 12/18/65	St. Paul	's Hager	stown, Maryland
25A. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 20 1955 0 20 1 2	1 Clarendary C	Mitchell Wiede	feld Heme

Mitchell-Wiedefeld Home 6500 York Road DECZU VS 150-REV. 1/1/65 #12

E-21 112- - - - 1 A LICENSIA S - 1 - 1 S - 1 Long Carte , and a path

			BALTIMORE CIT	Y HEALTH DEPARTM	ENT	
BIRTH NO. FOR	Meade, MG5 12	2880	CERTIFICA	ATE OF DEA	TH Registered N	·65 12880
M.E. CASE NO.					ATE AND HOUR OF DEAT	TH.
Type or Print)	DENIN	TOA	VES		EC 15 196	E 115 0
. PLACE OF D	EATH IN BALTIMORE MAI	RYLAND	עבש	4. USUAL RESIDENCE		f institution: residence before admissio
				A. STATE B	. COUNTY	111
FULL NAME	OF (If not in haspital a		give street	MO		99
INSTITUTION	K 0001000 07 100011011			C. CITY OR TOWN		te RURAL and give tawnship)
3 Tous	10 11000000	Wa 0 a -	A 4	D. STREET ADDRESS	(If rurol, give location)	3 / 7 / 4
Junk	us Hopkins	MOSPILA	96		0.	
. SEX	1, 2, 22	THE AAA BRIDE	NEVER MARRIED	B. DATE OF BIRTH		
F	6. RACE	WIDOWE	D, DIVORCED (specify)	11/25/65	9. AGE (In years last birthday)	Months Doys Hours Min.
	CUPATION (Give kind of work	10B. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	e ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
N/A	of working life, even if retired)	,	none	R M	10	VS
3. FATHER'S N	AME		10110	14. MOTHER'S MAID	EN NAME	-
41.00		E				
		FONES	13.4		lene Lawler	
Yes, no or unkno	ed Ever in U. S. Armed Fore wn) (If yes, give war ar date:	s of service)	SECURITY, NO.	17. INFORMANT		ADDRESS
no			N/A	Mr. Donald	G. Jones, Same	as #4
18. 7 4	OXI		CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIR	ECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A)	ANENCEPHA	LY	Conpenital
	nal mean the made of e, asthenia, etc. Il means		, DUE TO			
	amplication which caused		•			
	ANTECEDENT CAUSES		(B)			
DISEASES	OR CONDITIONS, if a	anv. nivino	DUE TO			
rise la	the abave cause (A)				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
UNDERLYI	NG CONDITION last.					
7	- 11					
OTHER SIG	NIFICANT CONDITIONS CODEATH BUT NOT RELA					-
DISEASE C	OR CONDITION CAUSING IT		WILLIAM ORDER TION	120A A 1120 DOWN (V.	M-W 200 to wee the	STANDARD CONTRACTOR
O THE DISEASE O 19A. DATE	OF OPERATION 198. CONI		WHICH OPERATION	YES	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
2) A A C C :-	DENIE MAR HINDREN WATER	la.	D BLACE OF INTERNA		DID W. C. C.	Cir. I Salar
OP CONTR	DENT WAS UNDERLYING DENT WAS UNDERLYING CAUSE OF	ho:	B. PLACE OF INJURY (e.g., me. form, factory, street,	office bldg. INJURY OC	CUR?	mare City, give exact location)
DEATH (not	tify medical examiner	etc	5.)			
21D. TIME	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
OF INJURY			hile At War	nile		
					/=	
	fy that (1) (this hospital			Dec 3		DEC 15 19 65
thot (I) (w	e) lost sow the deceose	d olive on.	DEC 15	19 65	ond that in (my) (our)	opinion deoth occurred on the de
ond hour	and from the couses stat	ed obove. ((1) (We) (did (did not)	view the body after	death.	
23A, SIGN A	TURE					23 B. DATE SIGNED
	Norman F	720	M.D. A	ttending Med. Direck	or Stoff Phys.	DEC 15 1965
23C. PHYSIC	CIAN'S			23D. ADDRESS	11700	7,103
NAME	NOR MAN	FOS	14.0		HNS HOPKINS	MOSPITAL
REMOVAL	REMATION. 248. DATE		AME of CEMETERY of C		24D, LOCATION	(City, lawn, ar county) (State)
Buria	Dec.17,		RLINGTON NATIO	NAL CEM.	ARLINGTON, V	/IRGINIA
SA. DATE REC			OF MIGHS IN AN		1850 Wed	ADDRESS
DEC	20 1965 (Rober	DE.	TOUS ONLY	Harold S.	diade 550 Wash	Myd In.
VS 150-REV. 1/	1/65	1 19	6 5 9 .		Taday o mast	Blvd., Laurel, Md

PENNSY TOTAL

TO MERCE

SILTA RICERRO CT

WENGE PHONOGED 11/25/65

JOHAN HORSON MOLETAN

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31 280 St 280 0.0

NURSHAN POST

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SOBILI MONTH MICHIGA

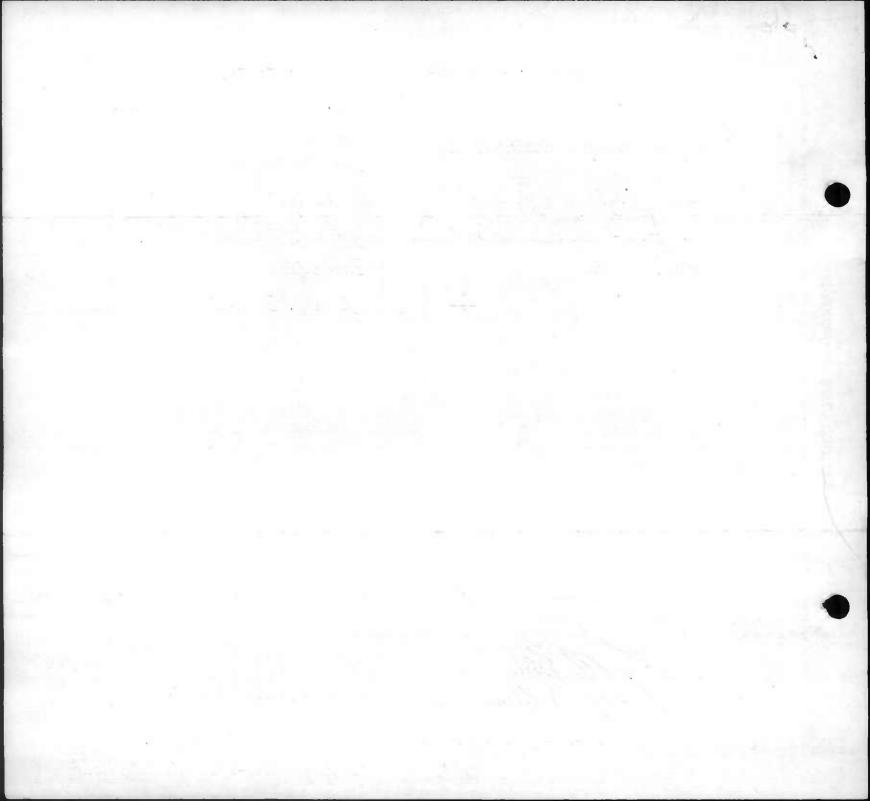
VS 150-REV, 1/1/65

BIRTH NO.

11	E CASE NO. 65 12881 CERTIFICATE OF DEATH	gistered No.	35 12881
1.7	NAME OF DECEASED		14.//
	PLACE OF DEATH IN BALTIMORE, MARYLAND PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY	1965 cosed fived. If inst	10:40 P.M.
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside ci	ity limits, write RU	imone IRAL ond give township)
1	Harford Gardens Nursing Home Baltimore 212 D. STREET ADDRESS (If rurol, gi 3510 Milford Ma	4 4 0	33700
5.			
	male white widowed July 16, 1872 A USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 17, BIREHPLACE (Stote of foreign cour	rhdoyl 93	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ne during most of working life, even if retired)	nity)	WHAT COUNTRY?
13.	Ret. Owner-Meat Packing business Baltimore, Mary	land	USA
	John Frederick Fredericka		
15.	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT		ADDRESS
10	no (If yes, give wer or dotes of service) SECURITY NO.	erick	same
	18. 44 5 O CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., (This does not meen the made of dying, e.g.,	James	
	(This does not meon the made of dying, e.g., DUE TO	CIEPONI	Several years
	heoil foilure, osthenia, etc. Il means the disease, injury ar complication which coused deoth.) ANTECEDENT CALLES		
	DISEASES OR CONDITIONS, if ony, giving		
	rise to the above cause (A) stating the (C)UNDERLYING CONDITION last.		
	11		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 20B. IN C	IF YES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAU	(If in Boltimore	City, give exect fecetion?
0	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21E HOW DID INJURY O	CCUR?	
ME	(APPROX.) While At Work At Work		
	22. I certify that (I) (this haspital) attended the deceased from 1963		December 19 65
	that (1) (we) lost sow the deceased alive on December 10/19 65 and that in (my) (but) opini	on death occurred on the date
	and hour and from the courses stated above. (1) (We) (did) (did-not) view the body after death.		
	23A. SIGNATURE		23B. DATE SIGNED
	Attending Med. Stoff Phys. Phys.		12/14/65
	23 CONTSICIANS NAME (Type) Loy/M. Zimmenman M.D. 3202 Harrford	Rd B	Stimore Md
24	A. BURIAL CREMATION, 288. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION	ON (City	town, or county) (State)
		imore, A	1d.
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR		ADDRESS
	DEC 20 1965 P. D. D. E. Souther D. Loring Byers-	8728 Lit	perty Road

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.



25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

258 NAME OF REGISTRAR

of death

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 65 12882	CERTIFICA	ATE OF DEATH Registered No. 6.	5 12882
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) Mabel W	axter	Dec . 14.19	651 9:25 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived. If insti	tution: residence before admission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location)	street	C. CITY OR TOWN (If outside city limits, write RU	RAL ond give township)
		Baltimore	
I Sinai Ho	20	D. STREET ADDRESS (If rurol, give location)	- 4
	1	2925 Edgico	mb- Circle
5. SEX 6. RACE 7. MARRIED, NEW WIDOWED, DE	VER MARRIED IVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. SIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)		Maryland	WHAT COUNTRY?
housewife 13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	00017
Benjanin Watts		Lydia Rogers	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT 21208,	Md ADDRESS
no	none	Richard H. Waxter, 16 Walker	Ave., Pikesville
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) Clar DUE TO	te Myocardial Infaction sterene arterios clerotes	INTERVAL BETWEEN ONSET AND DEATH
injury at camplication which caused death.)	(B)	Cardiorascular Disea	a least 3 yra
ANTECEDENT CAUSES	DUE TO	9 27 27 28 28 30 27 2 27 2 20 20 20 20 20 20 20 20 20 20 20 20 2	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Diabet	i mellitis	least 3 year
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIR	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., orm, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore (office bldg., INJURY OCCUR?	City, give exact location)
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour) White A	Not Whi		
22. I certify that (H) (this hospital) attended the dithat (M) (we) last saw the deceased alive an	leceased fram	19 (Tra) 19 (Tra) 19 (Our) apini	on death occurred an the date
and hour and fram the causes stated above.	(e) (did) (did not)	view the bady after death.	
23A. SIGNATURE			3 B. DATE SIGNED
10000 Da 701 01	A D M.D. AL	tending Med. Stoff	Da 101
23C. PHYSICIAN'S	gan ph	23D. ADDRESS	Jec. 17,111
NAME (Type)	F ARBM.D.	Swar Hosp	BALTO, M
24A. BURIAL CREMATION, 24B. DATE ' 24C. NAME			town, or county) (Stote)
I ERREN M. HIME	of CEMETERY or CI		DA. LTO. Co., Md.2120

25C. FUNERAL DIRECTOR Md. 21133 ADDRESS
Loring Byers, 8728 Liberty Rd. Randallstown

and course.

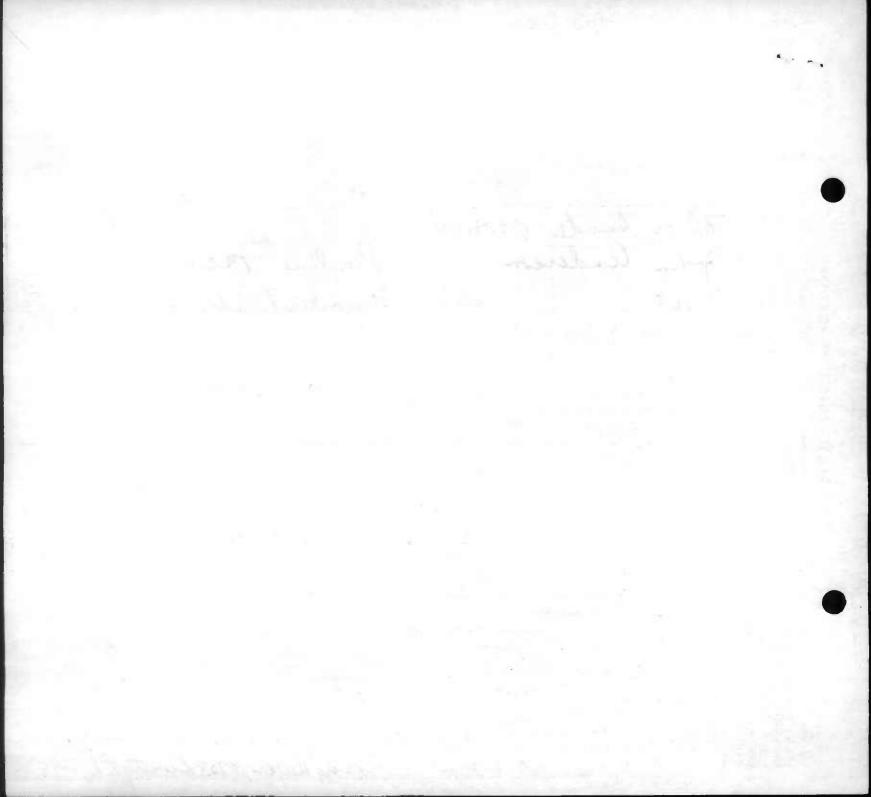
eregol site; ending the second of the second states and a

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medial should still attended to the control of

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

NAME OF DEETATH IN SALTIMORE, MARYLAND PLACE OF DEATH IN SALTIMORE, MARYLAND A. STATE SEE O. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify) STATEST ADDRESS OF THE STANDERS SOLITION OF BUSINESS OR INDUSTRY 1). BIRTHFLACE (State or foreign country) D. STREET ADDRESS OF CONDITION DIRECTLY LEADING TO DEATH (A. STATE CAUSE OF DEATH ONSET AND DEATH OTHER SIGNIFICANT CONDITIONS, If only, giving isse to the observable of the observe causes (A) steining the UNDERLYING CONDITION, if only, giving isse to the observed constitution, steeling the Underlying Conditions of the observe causes (A) steining the Underlying CONDITION, if only, giving isse to the observed constitution for WHICH OPERATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C) OTHER SIGNIFICANT CONDITION POR WHICH OPERATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C) OTHER SIGNIFICANT CONDITION POR WHICH OPERATION OTHER SIGNIFICANT CONDITION CONTRIBUTING (C) OTHER SIGNIFICANT CONDITION (CAUSE OF DEATH) OTHER SIGNIFICANT CONDITION CONTRIBUTING (C) OTHER SIGNIFICANT CONDITION (CAUSE OF DEATH) OTHER SIGNIFICANT CONDITION (CAUSE OF DEATH) OTHER SIGNIFICANT CONDITION (CONTRIBUTING (C) OTHER SIGNIFICANT CONDITION (C) OTHER SIGNIFICANT (C) OTHER SIGNIFICANT (C) INTERVAL BETWEEN (C) OTHER SIGNIFICANT (C) INTERVAL BETWEEN (C) OTHER SIGNIFICANT (C) INTERVAL BETWEEN	Type or Print) PLACE OF D FULL NAME HOSPITAL OF		CERTIFICA	TE OF DEATH	Registered No.	
PLACE OF DEATH IN BALTIMORE MARYLAND PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF MOSPITAL OR (If not in hospital or institution, give street) oddiess or location) FULL NAME OF MOSPITAL OR (If not in hospital or institution, give street) oddiess or location) SEX SEX S. RACE 7. MARSHED, NEVER MARKED WIDDWED, DIVORCED (specify) D. STREET ADDRESS (If rural, give location) STREET ADDRESS (If rural, give location) D. STREET ADDRESS (If rural, give location) 10. AUSUAL OCCUPATION ((ive kind of word 10.B. KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (Stete or foreign country) PLACE OF DEATH DISEASE OR CONDITION OF CONTROL (IVE means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to lith observed actions of the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO THE DEATH OND TOR RELATED TO THE DISEASE OR CONDITION, Sex PREVIOUS CONSIDERED NOT RELATED TO THE DISEASE OR CONDITION OF SEX PROPRIED NOT RELATED TO THE DISEASE OR CONDITION SURVEY OF THE DISEASE OR CONDI	. NAME OF DE Type or Print) . PLACE OF D FULL NAME HOSPITAL OF				Registered No.	65 1.2883
PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF MOSPITAL OR (If not in hospital or institution, give sheet of didress or locotion) FULL NAME OF MOSPITAL OR (If not in hospital or institution, give sheet of didress or locotion) FULL NAME OF MOSPITAL OR (If not in hospital or institution, give sheet of didress or locotion) FULL NAME OF MOSPITAL OR (If not in hospital or institution, give sheet of didress or locotion) FULL NAME OF MOSPITAL OR (If not in hospital or institution, give sheet of didress or locotion) FULL NAME OF MOSPITAL OR (If not in hospital or institution, give sheet of didress or locotion) D. STREET ADDRESS (If nucl, give location) FULL NAME OF MOSPITAL OR (If nucl, give location) D. STREET ADDRESS (If nucl, give location) SEX J. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY (Give continue) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY (Give continue) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY (Give continue) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY (Give continue) D. ACCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY (Give continue) D. ACCUPATION (Gi	FULL NAME	AndERSON		2. DATE AN	D HOUR OF DEATH	
FULL NAME OF HIS BALTIMORE, MARKEAND FULL NAME OF HOSPITAL DO COLOR OF HIS HIS PARTICLE OF TOWN (If outside city limits, write RURAL and give township) C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If work, give location) D. STREET ADDRESS (If work, give location) A USUAL OCCUPATION (Give kind of work) 100. KIND OF BUSINESS OR INDUSTRY II), BIRTHPLACE (State or foreign country) PARTICLE OF MARKIED, NEVER MARKIED (II) and the property of th	FULL NAME HOSPITAL OI		1a.v1		12/12/15	1105 19
FULL NAME OF MOSPITAL OR (III not in hospital or institution, give sheet oddress or locohon) SEX G. BACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) S. DATE OF BIRTH O. AGE (in yoors on lond birmdoy) Months; Doys Mounts Mount	HOSPITAL OF	DEATH IN BALTIMORE, MARY	AND			
OSEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mende of dying, e.g., heart foliuse, asin mende of dying, e.g., injury or compilication which coused death.) ANTECEDENT CAUSE OTHER SIGNIFICANT CONDITIONS, if ony, giving rise to the observe couse (A) stoting the observe cou	HOSPITAL OF			A. STATE B. COUN	11	22/9
D. STREET ADDRESS (If rurol, give locotion) D. STREET ADDRESS (If rurol, give locotion) D. STREET ADDRESS (If rurol, give locotion) ALL CALLES (In your lost of lost birthday) D. STREET ADDRESS (If rurol, give locotion) D. STREET ADDRESS (If rurol, give locotion) D. STREET ADDRESS (If rurol, give locotion) ALL CALLES (In your lost of	INSTITUTION	R (If not in hospital or oddress or location)	institution, give streat	C CITY OR TOWN /// aut	ido eite limite veite DIID	Al and also towards
D. STREET ADDRESS (If rural, O've location) D. AGE (In yours Months) Doys, Hours 24, Months) Doys, Hours 24, Months, Doys, Months, Doys, Hours 24, Months, Doys, Hours, Hours, Months, Doys, Hours, Hours,	and the same of th		/	12 /2		At one give township!
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 12. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 13. AUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 14. MOTHER'S MAIDEN NAME 15. FATHER'S NAME 16. SOCIAL SECURITY NO. 215. 14. MOTHER'S MAIDEN NAME 17. INFORMANT 18. OCCUPATION (If yes, give wor or doles of service) 19. ADDRESS 10. SOCIAL SECURITY NO. 215. 14. MOTHER'S MAIDEN NAME 11. INFORMANT 12. CITIZEN OF WHAT COUNTRY? 13. INFORMANT 14. MOTHER'S MAIDEN NAME 15. INFORMANT 16. SOCIAL SECURITY NO. 215. 14. INFORMANT 17. INFORMANT 18. OCCUPATION (If yes, give wor or doles of service) 18. OLIVER OF DEATH 18. OLIVER OF DEATH 19. ADDRESS 19. ANTECEDENT CAUSES 19. INFORMANT 10. SOCIAL SECURITY NO. 215. INFORMANT 10. SOCIAL SECURITY NO. 215. INFORMANT 11. INFORMANT 12. CAUSE OF DEATH 18. OLIVER OF DEATH 19. ONE TO 19. ONE TO 19. ONE TO 19. ONE TO 19. OND TO THE 19. OND TO THE 19. OND TO THE 19. OND TO THE 19. ONE TO THE 19. ONE CONDITION (CAUSEO) 19. ONE TO THE 19. ONE CONDITION (CAUSEO) 19. ONE CONDITION (CAU	5.	- Hospita			Contract of the Contract of th	
SEX G. RACE 7. MARRIED, NEVER MARRIED S. DATE OF BIRTH 9. AGE (In yoors II Under 1 Yr. If Under 24 Months Days Day	VI ra	(// // //		2618	19 1 1	ALL
DA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? 14. MOTHERS MAIDEN NAME 15. NOS. Decessed Ever in U. S. Armed Forces? 15. Nos. Decessed Ever in U. S. Armed Forces? 16. SOCIAL 16. SOCIAL 17. INFORMANT 18. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, astherine, etc. II means the disease, injury ar camplication which coused death.) 20 ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. (B) DISEASE OR CONDITION Social ANTECEDENT CAUSES DUE TO DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (C) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (C) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (C) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (C) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (C) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (C) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (C) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (C) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (C) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (C) DISEASE OR CONDITION Social (B) DISEASE OR CONDITION Social (C) DISEASE OR CONDITION Social (B) DISEASE OR C	CFY	6 PACE 17	MARRIED NEVER MARRIED	R DATE OF RIPTH	7	Filladas 1 Vs. If Illadas 24 H
DAUSIAL OCCUPATION (Give kind of work) The property of the pr	1	11/	WIDOWED, DIVORCED (specify)		ost birthdoy	lonths Doys Hours Min.
The property of the property o	()	CUBA TON (Give hind of worth 10		A STATE OF THE STA		
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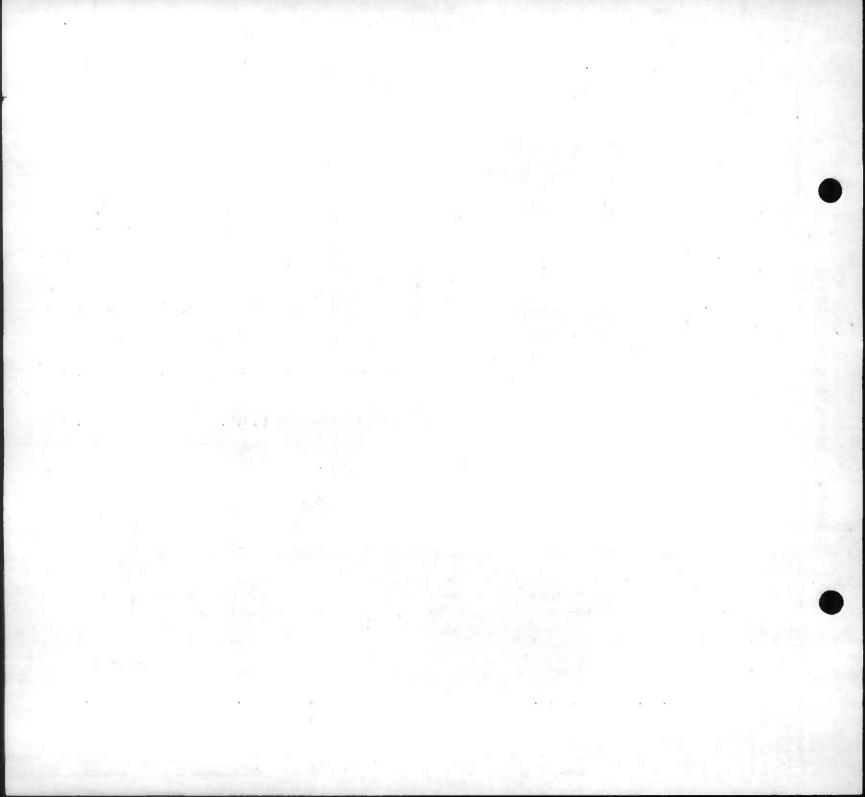
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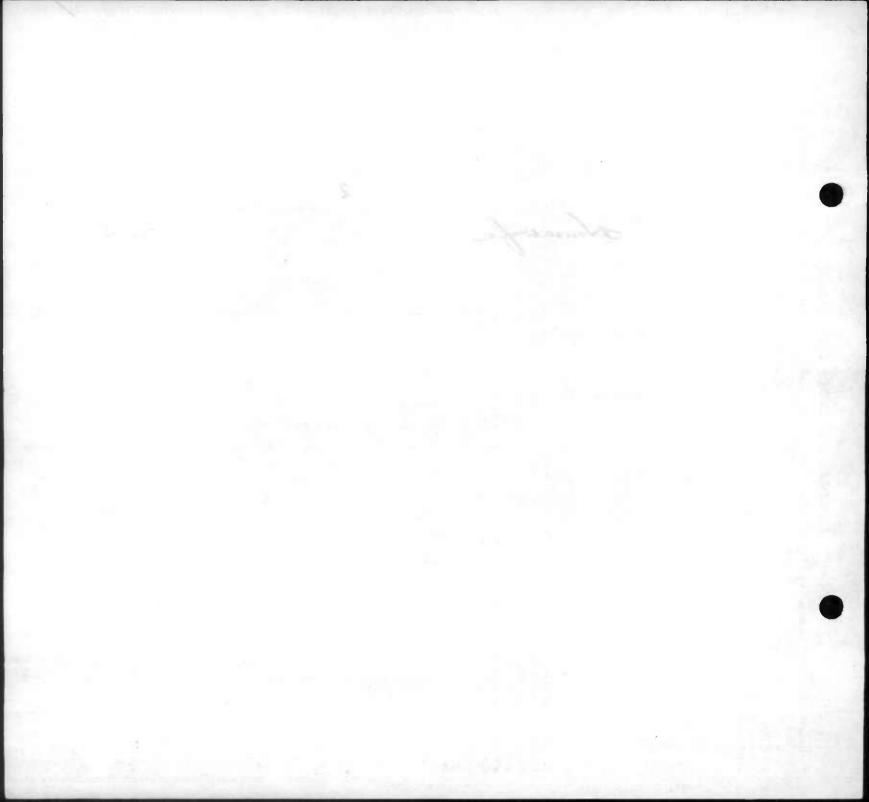
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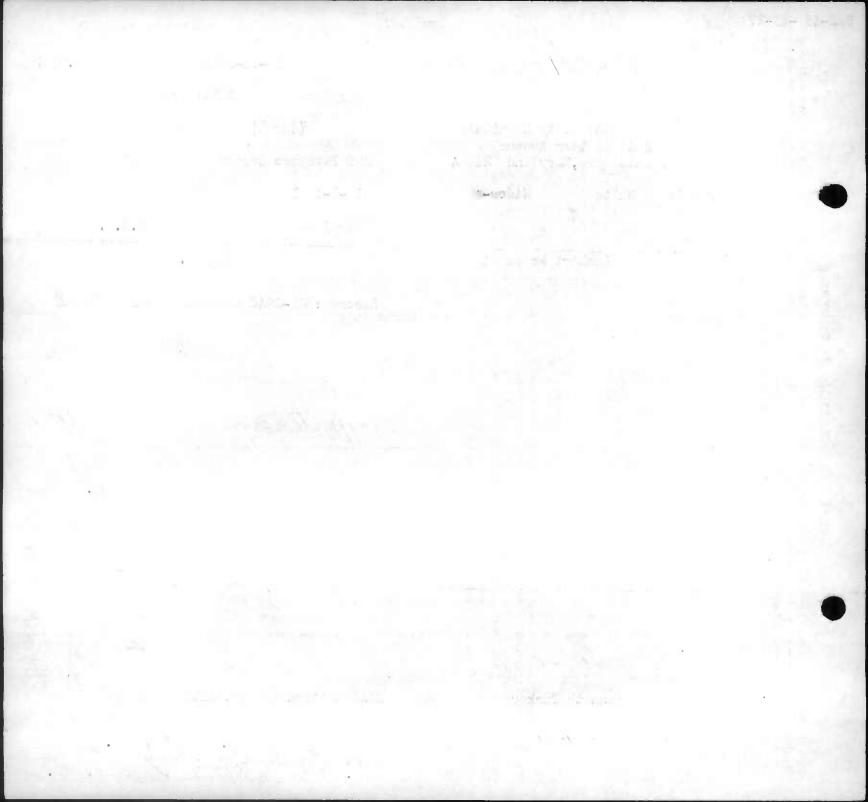
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cause; (5) cause

(4) Undetermined

BALTIMORE CITY HEALTH DEPARTMENT Registered NaD 5 65 12885 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) LenA 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived. B. COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write BURAL and give township) INSTITUTION MORE D. STREET ADDRESS (If rural, give location) GENERA Itom disposition is made. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Hours lost WILOwed TOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even is retired) WHAT COUNTRY? 5 un gARY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS or final (Yes, ng of unknown) (If yes, give por or dotes of service SECURITY NO. PATRICKS Rd BAJ 0 -01-4380 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) (This does not meon the mode of dying, e.g., hearl foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. obtained before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Work Dec 22. I certify that (1) (this hospital) attended the deceased fram - pac 19 65 1968 99 that (1) (we) last saw the deceased alive an... and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated obove. (M) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. M.D. Med. Stoff written approval Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) drykan M.D. 24A. BURIAL CREMATION, CREMATORY 24D. LOCATION REMOVAL (Specify) 290 FUNERAL PRECTOR 25B. NAME OF REGISTRAR VS 150-REV. 1/1/65

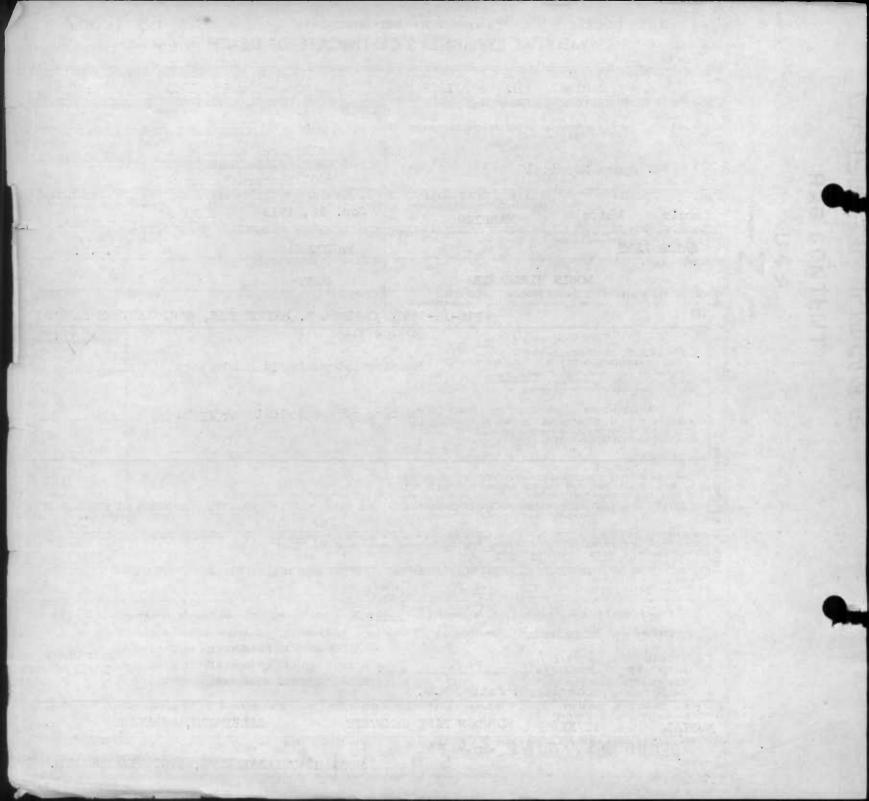




4-236

65 1	2887		BALTIMORE CITY HEAL	TH DEPARTMEN	Т		65 1288	37
BIRTH NO.	MEDI	CAL EX	AMINER'S CE	RTIFICAT	F OF D	FATH Register	ed No.	
M.E. CASE NO.	77120	0, 12 2,	W W W W W W W W W W W W W W W W W W W			-/ (111		
1. NAME OF DECEASED					2. DATE AND	HOUR PRONOUNCE	D DEAD	
(Type or Print)	BARBARA	M.	HEISTERMAN		Decembe	er 16, 1965	8:0	00 P
3. PLACE IN BALTIMORE	MARYLAND, W	HERE PRONOL	JN CED DEAD		ence (Where do	eceosed lived. If instit B. COUI	tution: residence befo	re odmission
FULL NAME OF (IF I	NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		•	corporate limits, write	RURAL and give to	vnship)
INSTITUTION				Ba1	timore		27-17	
St. Agn	es Hospi	tal		D. STREET ADDR		ive locotion) n Parkway)
5. SEX 6. RACE Female W	hite	WIDOWED,	DIVORCED (specify)	B. DATE OF BIRTH Jan. 26	1	9. AGE (In years lost birthday)	If Under 1 Yr. If U Manths Days Ho	
10A. USUAL OCCUPATION			RIED			33	12. CITIZEN OF	1
SALES LADY		land of	SOSINESS ON INDOSENT	MARYL		co unity,	WHAT COUNTS	
13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME			
	LOUIS	HIRSHAU	ER	MA:	RY			
15. WAS DECEASED EVER (Yes, no or unknown), (If yes,			16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
NO	3	3 01 3011100	216-14-3992	CARROLL	B. HEIST	ERMAN, 6607	EASTERN P	ARKWAY
18,	9		CAUSE	OF DEATH				BETWEEN
ANTECEI DISEASES OR COI RISE TO THE ABOV UNDERLYING COT	E CAUSE (A) ST	NY, GIVING	(8) Ruptu	re of Con	genital	Aneurysm.		**************************************
	TOTAL EAST.		(C)					
OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND	BUT NOT REL	ATED TO T	HE					
19A. DATE OF OPERA	WAS PERI		WHICH OPERATION	Yes	10	B. IF YES, WERE FIN CERTIFYING CAUS	ES OF DEATHS	es
O UNDERLYING OR CO	NTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. Wiffice bldg., INJURY	HERE DID (IF	in Baltimare City, giv	e exact location)	
21 D TIME (Month	(Doy) (Yeor	v	TE, INJURY OCCURRED	VHILE (OW DID INJUR	Y OCCUR?		
22.			VORK LAT W					
I certify that	I held an I	nquiry	InspectionAut	apsy X and	that on this	basis, death In m	y apinian	
resulted from	n: Natural car	ses X A	ccident D Suicide	Hamlei	de Un	determined manne	r	
	01	13.4	//_	CHIEF ME	EDICAL EXA	MINER _	DATE	SIGNED
ACTUAL SIGNATURE	(U /c	rele S	/ city M.D.	ASSISTANT ME	EDICAL EXA	MINER		7/65
EXAMINER'S NAME (Type)	Charle	es S. Pe	etty, M.D.	ASSOCIATE M			12/1	. 1 7 0 5
23A. BURIAL CREMATION REMOVAL (Specify)			C. NAME OF CEMETERY OF	CREMATORY	23 D. LO	CATION (City,	town, or county)	(State)
RIIRTAT	12/88/6	5 LO	UDON PARK CEM	ETERY	BA	LTIMORE, MA	ARYLAND	

HUBBARD FUNERAL HOME, 4107 WILKENS AVE. #29



BALTIMORE CITY HEALTH DEPARTMENT

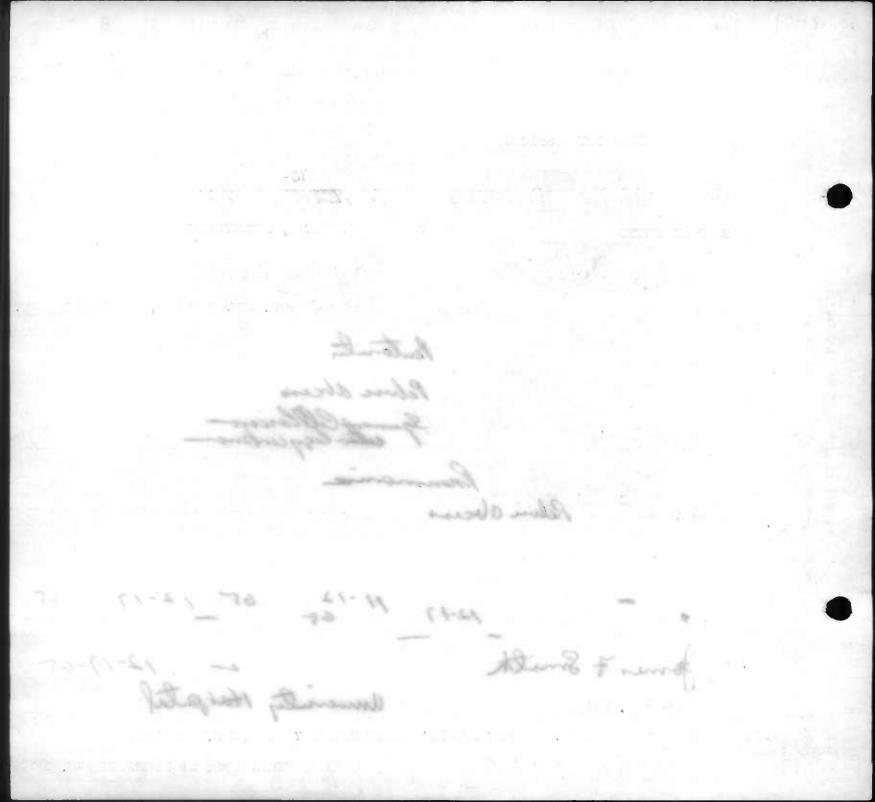
Registered No.

HUBBARD FUNERAL HOME, 4107 WILKENS AVE. 21229

65 12888

BIRTH NO.

VS 150-REV. 1/1/65



GREENWOOD CEMETERY

248 NAME OF REGISTRAR

HAMILTON.

HUBBARD FUNERAL HOME, 4107 WILKENS AVE, # 29

24C. FUNERAL DIRECTOR

OHIO

ADDRESS

BURIAL

24A. DATE REC'D BY HEALTH DEPT.

12/20/65

Letter from M.E.'s office 2-24-66 M.H.

VS 150-REV. 1/1/65

nim private de la company de l

The Profession of the State of

Variable of the state of

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

examiner.

the body was released to the hospital by a medical

at a hospital (except where the physician who pronounced

was D.O.A.

Also, if the direct or contributing cause of death

attendance on the

was in regular

death

			BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	. 65 1	2004	CERTIFICA	TE OF DEATH	Registered Na	55 12001
M.E. CASE N	O. OU 1.	COJ1		DATE	AND HOUR OF DEATH	00 10001
(Type or Print)		a also an				
2 PLACE OF	Disney J	ackson		DIA HISHAL RESIDENCE (V	e 15,1965	institution: residence before admi
S. FLACE OF	DEATH IN BALLWORL	MARIEAND		A. STATE B. CO	UNTY	institution: lesidence befole dam
FULL NAM	AE OF (If not in hos	pital or institution, give	street	Mary	land	5-08
HOSPITAL	OR oddress or lo			C. CITY OR TOWN	outside city limits, write	RURAL and give township)
^	1613 Long	+2 boom		Baltin	nore	
0	TOTO DOME	wood bt.		D. STREET ADDRESS		
				1613 1	V.Longwood	st.
5. SEX	6. RACE	7. MARRIED, NE		B. DATE OF BIRTH	9. AGE (In years	
m	C	WIDQWED, E	DIVORCED (specify)	Nov 1,1898	lost birthdayl	Months Doys Hours
			SINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
done during mo	st of working lile, even if reti	red)				WHAT COUNTRY?
					ia.	U.S.A
13. FATHER'S	NAME			14. MOTHERS MAIDEN	NAME	
W13	liam Ja	ekson		Ella		
15 Was Dece	asad Ever in II S Arma	d Forces?	- SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unk	nown) (If yes, give wor or		L4-01-8071			
140			r4-01-00()	Daisy Jac	ekson 1613	LongwoodSt.
1B. 🗢	2/1/	· ·	CAUSE	OF DEATH		INTERVAL BETWEE
	SEASE OF CONDITION	DIRECTLY)		ONSET AND DEA
	LEADING TO DE	ATH	(4)	erebal hom	orhace	my histel
	es not mean the made		DUE TO	······································	1	
	ure, osthenia, etc. It m camplication which ca			t . a . n		grundiatel
	ANTECEDENT CAL		(R)	Mar-Oschleron	5 and 2 pour	une 18. separa
			DUE TO	actions of the Co.	Wird Winespring	57
	S OR CONDITIONS, the abave couse		101	·		
	YING CONDITION last		(W)	***************************************		
	- 11					
Z OTHER	IGNIFICANT CONDITION			D. t.		Simpour
E TO TH	OR CONDITION CAUS	RELATED TO THE		Jastuc ula	er	
	E OF OPERATION 198.	CONDITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES. WERE	FINDINGS CONSIDERED
19A. DAT		PERFORMED			IN CERTIFYING C	AUSES OF DEATH?
21A. AC	IDENT WAS UNDERLYIF	NG 218 PI	ACE OF INITIBY	in or obout 21 C. WHERE DIE	(II in Battime	ore City, give exact location)
OR CON	TRIBUTING 🗌 CAUSE OF	home,		office bldg., INJURY OCCUR		-in, give exoct loconon)
U	notily medical examiner	etc.)				
Q 21 D. πΜ		feor) (Hour) 21E tN	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
E (APPROX		While	At Not Wh			
		Work	At Work	/		
22. I ce	tify that (1) (this has	pital) attended the	deceased fram	guria 1	1964 to 12-	<u>-15.</u> 19. (
that (I)	(we) last saw the dec	eased alive on	12-5	1965 and	that in (my) (aur) ap	olnian death accurred on th
and hou	and from the causes	stated above. (1) (1	We) (did) (did not)	view the bady after dea	_	
23A. SIGN		27 ((4.4 1.01)	, , , , , , , , , , , , , , , , ,		23 B. DATE SIGNED
			M.D. A	tending Med.	Stoll	10
1	ank A. So	under >	Ph	ys. Director L	Phy s.	12-17-15
23C.PHY	ICIAN'S NE (Type)			23D. ADDRESS		
EB	1 N/2 . A SA	INDEDS	M.D	1029n. d	Dicken 51	Ball III
24A. BURIAL	CREMATION 1248 DAT	E 24C. NAM	E of CEMETERY of C	1 - 0 1 11 /	LOCATION (City, town, or county) (S
	AL (Specily)		and the second s	240	. LOCATION (, iowii, or coonly? (3
Burial	12/	18/65 C	arver Mem	Panle	Laurel "ary	yland
25A. DATE R	C'D BY HEALTH DEPT.	258 NAME OF	arver Mem	25C. FUNERAL DIREC		ADDRESS
DEG	0 100E A A	0 0 T. A	mil O o	Geo.G.Ke	1son 13/18 1	N. Calhoun at
L. I						

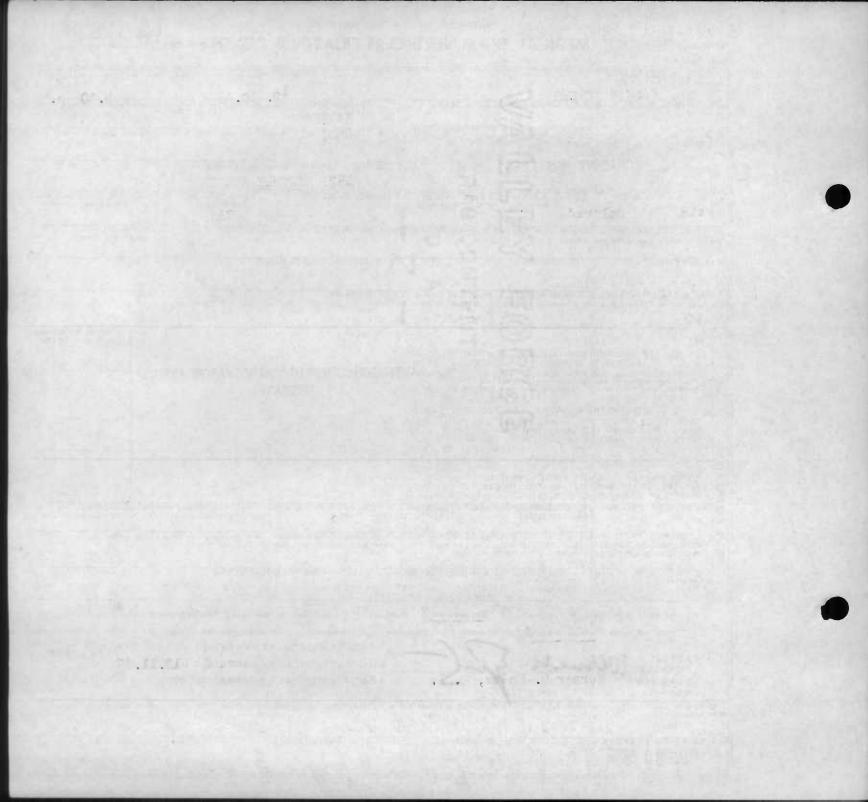
impe 2/2/7 REMOVAL (Specily) Burial /18 Park Laurel
25C. FUNERAL DIRECTOR 165 258 NAME aryland Carver OF REGISTRAR Mem. ADDRESS Geo, G. Kelson 1348 N. Calhoun st VS 150-REV. 1/1/65

SHOWS IN YOUR RES

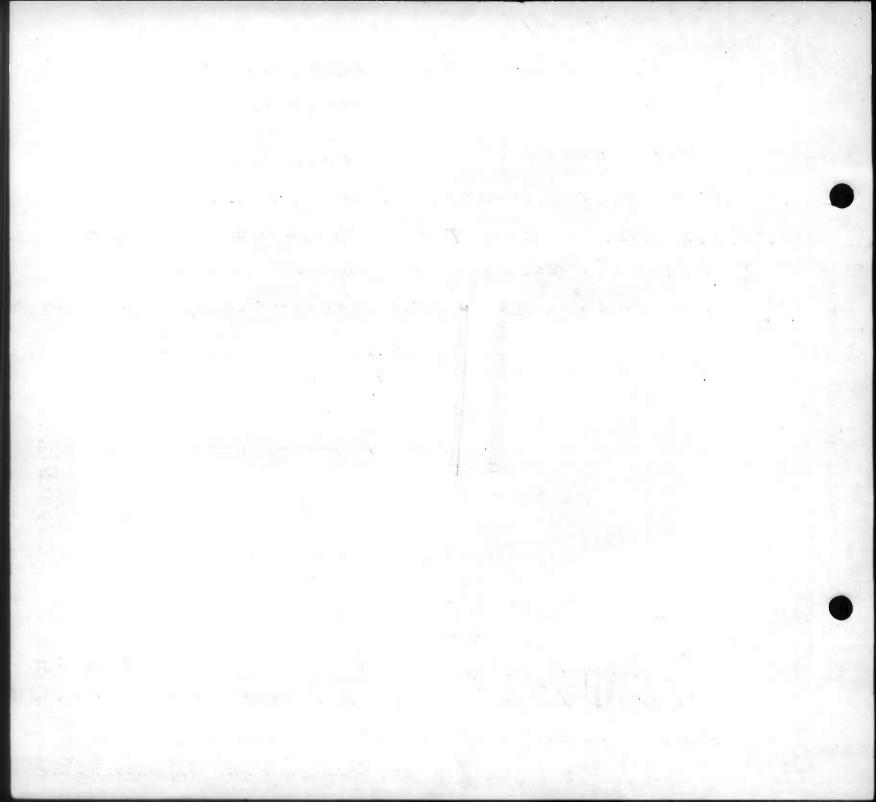
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I for the and paint for the latest

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	BALTIMORE CITY	HEALTH DEPARTMENT		
BRTH NO. 65 12893	CERTIFICA	TE OF DEATH	Registered No	12893
I. NAME OF DECEASED	ER FREE by	RGER, SA DE	AND HOUR OF DEATH	12:30 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. CO	Where deceased lived. If insti	itutian: residence befare odmission)
FULL NAME OF (If not in hospital or institution HOSPITAL OR address or location) INSTITUTION	i, give street	C. CITY OR TOWN (III	outside city limits, write RU	RAL ond give township)
904 S. CAREY.	57.		HORE (Il rurol, give location)	*
5. SEX 6. RACE 7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 His. Months: Doys Hours; Min.
MALE WhITE M.	APPIEL (specify)	SUNE 25,192	1 44	Months Doys Hours Min.
	phol buned	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	RINFINE	14. MOTHER'S MAIDEN	MAME	U-J-H.
NORMAN E. FREE by	POER SR	HARRIET	- U. SEh.	und of
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give war at dates of service	6. SOCIAL	17. INFORMANT		ADDRESS
YES WORLD WAR II	£ 234-67-5710	MAMLESI	A. FREE burgen	8 904 S. CAREYS
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH
LEADING TO DEATH	E ST (A) Co	lovary a	iten occhina	In Sudden
(This does not mean the made of dying, e. heart failure, asthenia, etc. It means the diseas	DUE TO	, 1		
injury at complication which caused death.) ANTECEDENT CAUSES	Z 12 18 AZ	Korrosele wf	ic cardio-	\wedge
DISEASES OR CONDITIONS, if any, givin	FF 32 52	Vascular a	diamas -	1
rise to the above cause (A) stating the UNDERLYING CONDITION last.	F. S.			
7	No.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	N/G			0,
	R WHICH OPERATION	20A. AUTOPSY? (Yes of	No. 208. IF YES, WERE FIR	
OR CONTRIBUTING CAUSE OF	18. PLACE OF INJURY (e.g., income, form, foctory, street, of	n or obout 21C. WHERE DIE lifice bldg., INJURY OCCUR		City, give exact locolion
OF INJURY (Month) (Doy) (Year) (Hour) 2	IE. INJURY OCCURRED		INJURY OCCUR?	7
	While At Not While Nork At Work			
22. I certify that (I) (this hospital) attended	Ar V or 1	Por-26	19 6 3 to 1	16 1965.
that (1) (we) last saw the deceased alive or	/			an death occurred on the date
and haur and fram the causes stated above. 23A. SIGNATURE	(I) (Ber (ded) (did not) v	riew the bady after dear		238, DATE SIGNED
Harry h- B	M.D. Atte	ending Med. Director	Stoff Phys.	12-16-65
23C. PHYSICIAN'S NAME (Type)	100	23D. ADDRESS	-/. / E	1. 6.6299
HARRY K. MNIPI	M.D.	4116 8	American Y	, a ze no a / her
24A. BURIAL CREMATION, 24B. DATE / 2/C. REMOVAL (Specify)	NAME of CEMETERY of CRI			, lown, or county) (S)ole)
25A, DATE REC'D BY HEALTH DEPT. 258, NAM	BALTINGICE NE OF REGISTRAR	25C. FUNERAL DIRECT	BALTI 40 RE	17 ADDRESS
DEC 20 1965 R. L. &	author M.W.	Mario N.	hivab Fune FA	mederick are.
1/5 100 051/ 1/1//6			- 1	



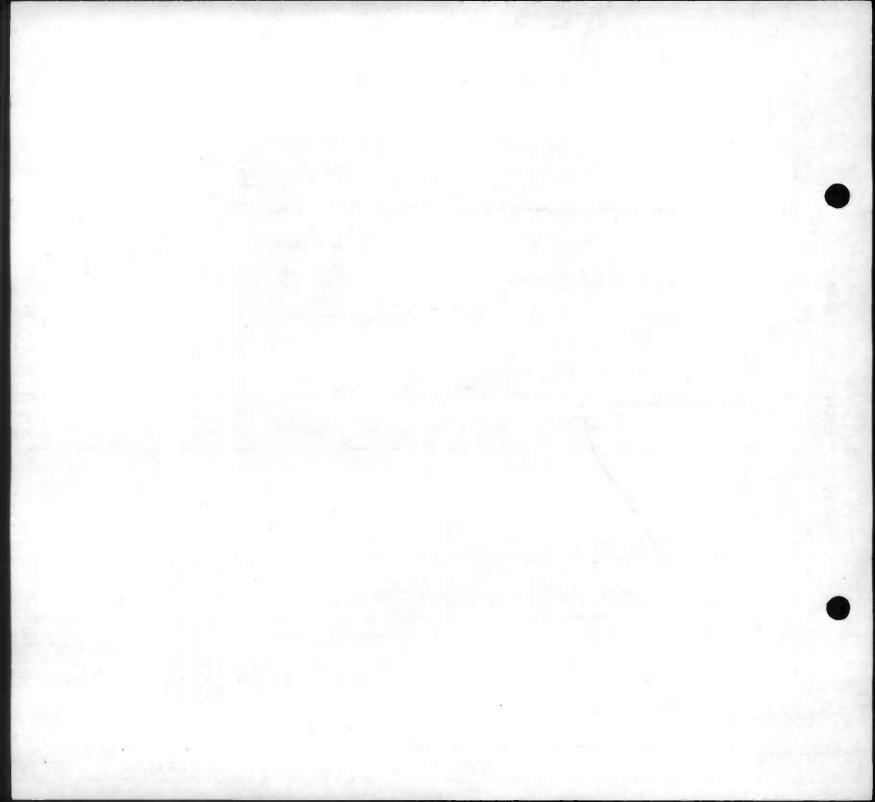
BIR	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATE OF DEATH Registered No. 65/15/9/4 36
M. 1. h (Ty	PAME OF PARTY DIANGE HADDAWAY	2. DATE AND HOUR OF DEATH
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss B. COUNTY MARYLAND, TALBOT C. CITY OR TOWN (If outside city limits, write RURAL and give township) TILGHMAN
1	3 JOHNS HOPKINS HOSPITAL.	D. STREET ADDRESS (If rurol, give location)
	F. 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER MARRIED	B. DATE OF BIRTH 6-15-63 9. AGE (In years If Under 1 Yr. If Under 24 Hours Mi
dor	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST ne during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA 14. MOTHER'S MAIDEN NAME
	CHESTER Haddaway	CUMMINGS, CONSTANCE
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no arunknown) (II yes, give war or dates of service) SECURITY NO.	Chester Haddaway, Tilghman, Md.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heori failure, asthenia, etc. ft means the disease, injury or complicotion which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	taaldonnal henvirkage Legatorna 7 mo.
ICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED
CERTIFI	WAS PERFORMED	YES IN CERTIFFING CAUSES OF DEATH?
CAL	DEATH (notify medical examiner)	office bldg., INJURY OCCUR?
MEDI	OF INJURY (APPROX.) While At Work At Wo	
	22. I certify tha (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on and hour and from the couses stated above. (I) (We) (did) (did not	19 to
	23A. SIGNATURE M.D. A	Attending Med. Stolf Phys. 23B. DATE SIGNED Stolf Phys. Stolf S
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMETERY OF C	
	Burial 12/18/65 Tijlohman Nethod A. DATE REC'D BY HEALTH DEPT. 258 MASSELLA BEGINN WOOLS	MURICE EN SUNAM & SON, Easton, Md.
VS	150-REV. 1/1/65	Carried of County in a sail Casant's inas

in progettion of the second and the second of the second

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	/ = 4000E	BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIR	th No. 65 12895	CERTIFICA	TE OF DEATH	Registered Na	65 12895
	AME OF DECEASED			AND HOUR OF DEATH	Н
(Ту	e or Print Thornhill, Ca	Therine Ec			65 3 A M
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WH	ere deceased lived. If	institution; residence before admission)
	FULL NAME OF (If not in hospital or institution	a dive street			il a vap
	OSPITAL OR oddress or location)		C. CITY OR TOWN (IF o	utside city limits, write	RURAL and give township)
~	dniversity it	Spite	loppa		53-00
X	Baltimore M.	aryland	D. STREET ADDRESS		2 ()
)				Woods	End Drive
5. 5		ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	FWM	arried	3/9/07	58	
	USUAL OCCUPATION (Give kind of work 108, KIND during most of working life, even it retired)	red AIR born	e.	reign country)	12. CITIZEN OF WHAT COUNTRY?
		uments bab	N. York		450
3.	FATHERS NAME		14. MOTHERS MAIDEN NA	AME	
	Frant Hinnenka	amp	Marie	Kahla	nd
5.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
10	(If yes, give wor or dotes of service)	osl-09-8189H	A Patient	/	
_	18. 4 / A 1	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	IAI Con	gestive He	sart failur	e 4 years
	(This does not mean the made of dying, e. heart failure, asthenia, etc. It means the disea)		<u> </u>
	injury ar camplication which caused death.)		1. 11.	/ 0	e 40 years
	ANTECEDENT CAUSES	(B) A C	matic Itea	rt Disecs	9
	DISEASES OR CONDITIONS, if any, givi	ing (M	that Steno		
	rise to the above cause (A) staling I UNDERLYING CONDITION last.	he (C) (//	Prel SPENO	5 / 5	
	11				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION		10 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
ERT			N6	W : 6 G	
CALC	OR CONTRIBUTING CAUSE OF	21B.PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
EDI	21D. TIME (Month) (Doy) (Year) (Hour)	TE INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
\$	(A 999 OV)	While At Not While Work At Work	e		
	22. I certify that (I) (this hospital) attended			19 65 to 1	Dec 14 1965
	that (1) (we) last saw the deceosed alive a				pinlon deoth accurred an the date
					printed and the date
	and hour and fram the causes stated above 23A. SIGNATURE	. (1) (#e) (did) (did nat)	new the bady after death	•	23B, DATE SIGNED
	11 11 17	M.D. Att	ending Med.	Stoff	23th DATE STONED
	Harald C Standy	Phy	s. Director	Phys.	12/14/63
	23C. PHYSICIAN'S NAME (Type)	III	23D. ADDRESS		
	Burial	M.D.			
247	REMOVAL (Specify) 248. DATE 24C	. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION	City, town, or county) (State)
	Burial 12-16-65 Pa	arkwood Cemeter	v Ra	Itimore Co	Md
25/	DATE REC'D BY HEALTH DEPT. 258. NAM	arkwood Cemeter	25C. FUNERAL DIRECTO)R	ADDRESS (34)
	DEC 20 1965 M.O. HE.	and the Company	1700 and DJ	Ineral Hom	-7461 Below Roan
VS	150-REV. 1/1/65				



VS 150-REV. 1/1/65

	TH NO.	OO TY	2896	CER	KIIFICA	ATE OF	DEATH	Register	ed 140	
1. N.	AME OF DECEASED	50) 00					2. DATE	18 0 65	DEATH	10:00 A
3. P	PLACE OF DEATH IN	BALTIMORE, MA	RYLAND	100		4. USUAL		nere deceased li	ved. If institu	tian: residence before
F	FULL NAME OF	(If not in haspital	or institution,	give street	24	M	(C) -	Don H	timas	00
	HOSPITAL OR	address or tacotio	in)	11	11	c. city	R TOWN (If	outside city limit	s, write RURA	L and give township)
111	1	IN Jac	scul	11000	Dital	D STREET	ADDRESS	of e	ation)	0-0-0
S. S	To said		To Asannen	News Are)	B. DATE O	2 U 0	Small	woo	20154
	1=	0	WIDOWE	D, DIVORCEI	D (specify)	1-5	5-1904	9. AGE (In ye	M	Under 1 Yr. If Und anths Doys Hours
	. USUAL OCCUPATION of during most of working		k 108. KIND O	F BUSINESS C	OR INDUSTR	Y 11. BIRTHE	LACE (State at-le	11		WHAT COUNTRY?
	House w.	ite				26	Ina T	1 1-01-	ina	484
13. [FATHER'S NAME	12-4				14. MOTH	ERS MAIDEN N	AME		
10.1	Louis	FAL	res				J.Ne.	11		
(Yes	Was Deceased Ever in t, na or unknown) (If yes	s, give war ar date	rces? es of service)	1 6. SOCIAL SECURIT		17. INFOR				ADDRESS
y	NowauN					John	n Gamble	- 116 N.	Samlly	wood St.
	18.4 42)	(1			CAUSE	OF DEATH				INTERVAL BETY ONSET AND D
		CONDITION DI	RECTLY		11.1	+	ive Cardi		0 .	
	injury or complication	en which caused			(B)		***********************			
z	ANTEC DISEASES OR CC iise to the abo UNDERLYING CON	an which caused EDENT CAUSES ONDITIONS, it ve couse (A) NDITION last.	deoth.) any, giving staling the		DUE TO					
ATION	ANTEC DISEASES OR CO	an which caused EDENT CAUSES DNDITIONS, if ve couse (A) NDITION last. I T CONDITIONS CA	deoth,) any, giving staling the	G	DUE TO					
ERTIFICATION	Injuly of complication ANTEC DISEASES OR COMISE TO THE ON THE DEATH ANTEC TO THE DEATH	an which caused EDENT CAUSES ENDITIONS, if ve couse (A) NDITION last. I T CONDITIONS CAUSING I	any, giving staling lhe CONTRIBUTINATED TO THE TO THE TO THE TO THE TRANSPORTER OF THE PROPERTY OF THE PROPERT	I G	DUE TO		JTOPSY? (Yes or I	No) 208, IF YES	. WERE FIND	S OF DEATH?
CERTIFIC	DISEASES OR COUNTY OF THE PROPERTY OF THE PROP	EDENT CAUSES DIDITIONS, ii ve couse (A) NOTION last. II T CONDITIONS C BUT NOT RELA ITION CAUSING I ATION 198. CON WAS PER	any, giving staling the staling the CONTRIBUTINATED TO THE STALE TO THE STALE	G HE WHICH OPER B. PLACE OF I	CC)RATION	20 A. Al		No) 208. IF YES	WERE FIND	DINGS CONSIDERED S OF DEATH? Y, give exact lacohon
MEDICAL CERTIFIC	OTHER SIGNIFICAN TO THE DEATH DISEASE OR CO IISE IO THE BEATH TO THE DEATH DISEASE OR COND 19A.DATE OF OPER 21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medic	EDENT CAUSES DIDITIONS, ii ve couse (A) NOTION last. II T CONDITIONS C BUT NOT RELA ITION CAUSING I ATION 198. CON WAS PER	any, giving staling lhe CONTRIBUTINATED TO THIT. HOTTON FOR FORMED (Hour) 21E	G HE WHICH OPER B. PLACE OF I	CC)	in or obout 2 office bldg., I	JTOPSY? (Yes or I	No) 20B. IF YES, IN CERTIFY	, WERE FIND ING CAUSES Ballimare Cit	OF DEATH?
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MEDICAL CERTIFIC	INJURY OF COMPLICATION ANTEC DISEASES OR CO. ISSE TO THE OBOUNDERLYING CON OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND 19A. DATE OF OPERA 21A. ACCIDENT WA OR CONTRIBUTING DEATH (natify medic) 21D. TIME (Mant OF INJURY (APPROX.) 22. I certify that (the control of the	an which caused EDENT CAUSES DNDITIONS, ii ve couse (A) NDITION last. I T CONDITIONS C BUT NOT RELA ITION CAUSING I ATION 19B. CON WAS PER CAUSE OF ol exominer) h) (Day) (Year)	any, giving staling the CONTRIBUTIN ATED TO THIT. ATED TO THIT. ADDITION FOR HORMED (Hour) 21E Will with the control of th	WHICH OPER B. PLACE OF inne, fact J. INJURY OC inite At the decease	RATION INJURY (e.g., lary, street, company) CCURRED Not White At Work d from/ 8	in or about 2 office bldg., I	JTOPSY? (Yes or IVES) IC. WHERE DID NJURY OCCUR? IF. HOW DID IP 65 and	OD 20B. IF YES IN CERTIFY (If in III) OCCUR?	WERE FIND ING CAUSES Sealtimore Cit	s OF DEATH?
MEDICAL CERTIFIC	Injuly of complication ANTEC DISEASES OR COMISE TO THE ADDRESSION CONTRIBUTIONS 21A. ACCIDENT WAS OR CONTRIBUTIONS 21D. TIME OF INJURY (APPROX.) 22. I certify that (that (the control of the contro	an which caused EDENT CAUSES DNDITIONS, ii ve couse (A) NDITION last. I T CONDITIONS C BUT NOT RELA ITION CAUSING I ATION 19B. CON WAS PER CAUSE OF ol exominer) h) (Day) (Year)	any, giving staling the CONTRIBUTIN ATED TO THIT. ATED TO THIT. ADDITION FOR HORMED (Hour) 21E Will with the control of th	WHICH OPER B. PLACE OF inne, fact J. INJURY OC inite At the decease	RATION INJURY (e.g., lary, street, company) CCURRED Not White At Work d from/ 8	in or about 2 office bldg., I	JTOPSY? (Yes or IVES) IC. WHERE DID NJURY OCCUR? IF. HOW DID IP 65 and	OD 20B. IF YES IN CERTIFY (If in III) OCCUR?	WERE FIND ING CAUSES Ballimare Cit	y, give exact lacohon y, give exact lacohon y and a lacohon death accurred an
MEDICAL CERTIFIC	Injuly of complication ANTEC DISEASES OR COMISE TO THE OF THE O	an which caused EDENT CAUSES DNDITIONS, ii ve couse (A) NDITION last. I T CONDITIONS C BUT NOT RELA ITION CAUSING I ATION 19B. CON WAS PER CAUSE OF ol exominer) h) (Day) (Year)	any, giving staling the CONTRIBUTIN ATED TO THIT. ATED TO THIT. ADDITION FOR HORMED (Hour) 21E Will with the control of th	WHICH OPER B. PLACE OF inne, fact J. INJURY OC inite At the decease	RATION INJURY (e.g., lary, street, lary, street, lary) CURRED Not White At Work did from	in or about 2 office bldg., I	UTOPSY? (Yes or IVES) VC. WHERE DID INJURY OCCUR? I.F. HOW DID IN INJURY OCCUR? And the death ody after death Director	OD 20B. IF YES IN CERTIFY (If in III) OCCUR?	WERE FIND ING CAUSES Ballimare Cit	y, give exact lacofien
MEDICAL CERTIFIC	Injuly of complication ANTEC DISEASES OR COMISE TO THE ADDRESSION CONTRIBUTIONS 21A. ACCIDENT WAS OR CONTRIBUTIONS 21D. TIME OF INJURY (APPROX.) 22. I certify that (that (the control of the contro	an which caused EDENT CAUSES DNDITIONS, ii ve couse (A) NDITION last. I T CONDITIONS C BUT NOT RELA ITION CAUSING I ATION 19B. CON WAS PER CAUSE OF ol exominer) h) (Day) (Year)	any, giving staling the CONTRIBUTIN ATED TO THIT. ATED TO THIT. ADDITION FOR HORMED (Hour) 21E Will with the control of th	WHICH OPER B. PLACE OF inne, fact J. INJURY OC inite At the decease	RATION INJURY (e.g., lary, street, lary, street, lary) CURRED Not White At Work did from	in or about 2 office bldg., II	UTOPSY? (Yes or IVES) VC. WHERE DID INJURY OCCUR? I.F. HOW DID IN INJURY OCCUR? And the death ody after death Director	OD 20B. IF YES IN CERTIFY (If in III) (If	WERE FIND ING CAUSES Sealtimore Cit	y, give exact lacohon y lacohon death accurred an
MEDICAL CERTIFIC	Injuly of complication ANTEC DISEASES OR COMISE TO THE OF THE DISEASE OR COND OTHER SIGNIFICANTO THE DEATH DISEASE OR COND 19A-DATE OF OPERA 21A-ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical control of the	an which caused EDENT CAUSES DNDITIONS, if we couse (A) NDITION last. IT CONDITIONS CAUSING INTO CAUSING INTO CAUSING INTO CAUSING INTO CAUSING INTO CAUSE OF olleaning into cause of examiner) ATION (Pay) (Year) (this hospital saw the decease the causes stated the causes stated into causes state	any, giving staling the contribution for the contri	WHICH OPER B. PLACE OF inne, fact J. INJURY OC inite At the decease	RATION INJURY (e.g., lory, street, company) CCURRED Not White At Work At Work M.D. At Ph M.D. At Ph	in or about 2 office bldgs, I lile 2 view the buttending 2 23D. ADDRI	JTOPSY? (Yes or IVES) VC, WHERE DID NJURY OCCUR? IF. HOW DID IP	OD 208. IF YES IN CERTIFY (If in ITURY OCCUR?	WERE FIND ING CAUSES YES Baltimare Cit	y, give exact lacohon y lacohon death accurred an

Charges R.

802 Madison Ave.

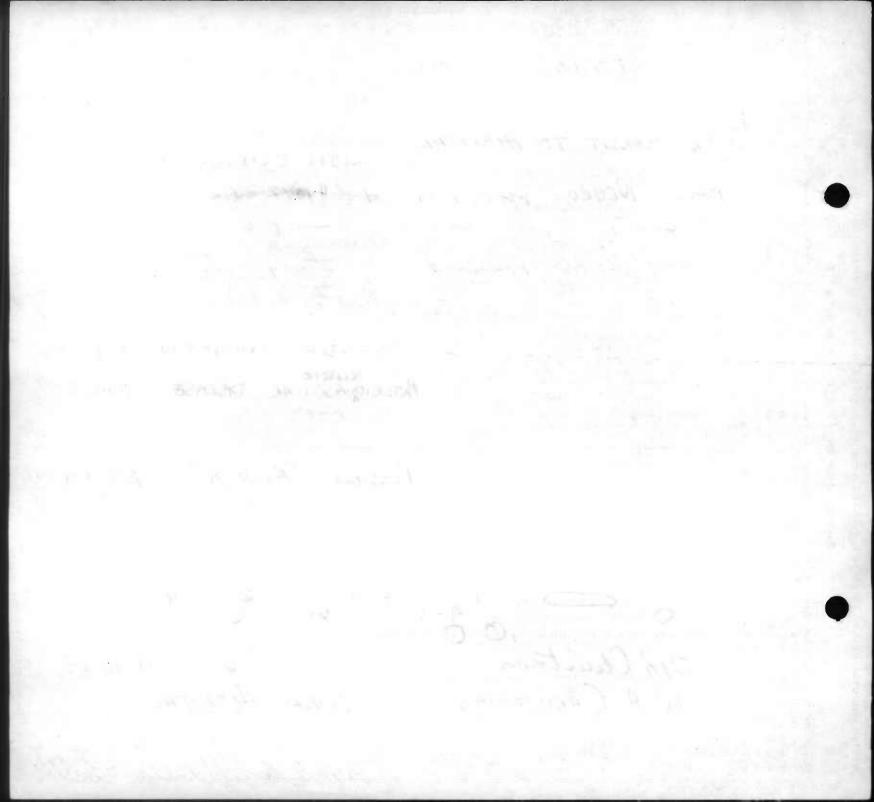
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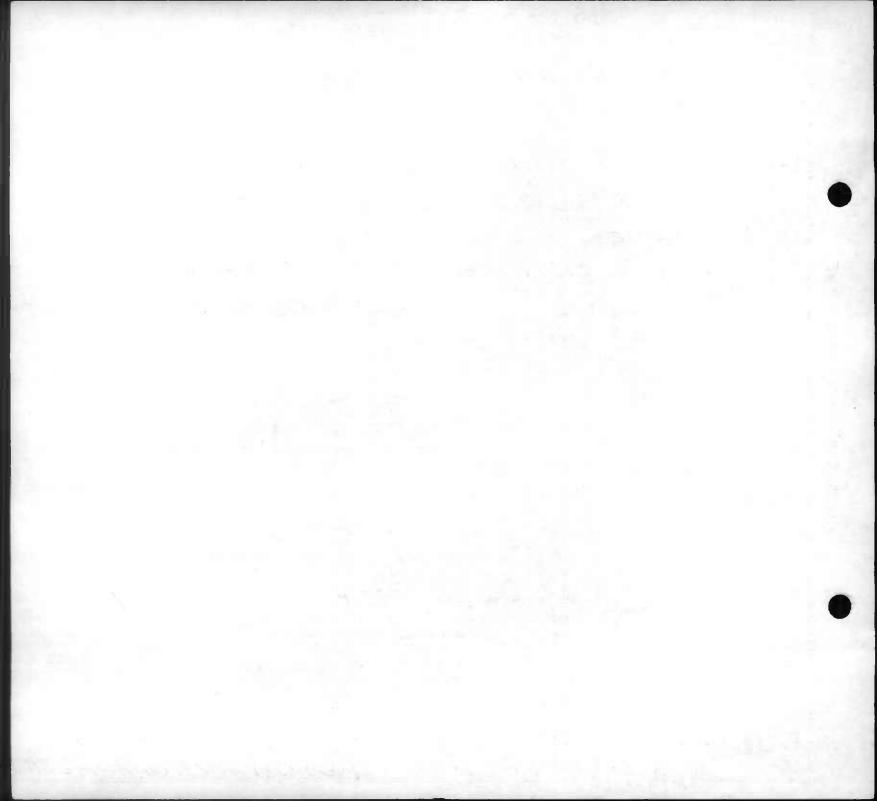
Registered	No.	5	-9	2	8	9	300	į
		7		2 shared		17	- 17	

1.NAN	NO. 65 CASE NO. ME OF DECEASED OF PRINT ACE OF DEATH IN BALTIV	12897 MOND MORE MARYLAND	CERTIFICA HURLEY		12-16-65 4	
HO:	L NAME OF (If not SPITAL OR oddress	in hospitol or institution or location)	in, give street	MD.	13	te RURAL and give township)
0.	N TRANSI	TO H	OSPITAL	D. STREET ADDRI	TIMORE (If rurol, give location) CLIFTON	Aue
5. SEX	OLE NEG		ED, NEVER MARRIED VED, DIVORCED (specify)	8. DATE OF BIRTH	1897 last birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	SUAL OCCUPATION Give		OF BUSINESS OR INDUSTR	Y III. BIRTHPLACE (S	late or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FA1	THERS NAME Palm	ren Re	duon	14. MOTHERS MA	eyben NAME	ring
15. Wa (Yes, no	o or unknown) (If yes, give	Armed Forces? wor or dotes of service	16. SOCIAL SECURITY NO. 220 72 70/9	Dow th	y Redmond,	1511 Clifton a
18.	4 2 0 1 1 I	ITION DIRECTLY	CAUSE	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
(T	LEADING TO	DEATH		YOCARDIA	IL INFARCT	ION MINUTES
he in	earl failure, asthenia, etc. ijury ar camplication whi ANTECEDENT ISEASES OR CONDITION Se to the above co	. If means the disea ch coused death.) CAUSES ONS, if any, givi	(B) ART	ERIONA SCI	e ILAR DISBAS	E. YEARS
	NDERLYING CONDITION		he (C)			
ATIC	THER SIGNIFICANT CON O THE DEATH BUT DISEASE OR CONDITION (NOT RELATED TO	THE PO	SSIBLE	"ASTHMA"	NOT KNOWN
CERTIFIC 15	A-DATE OF OPERATION	198. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY?		RE FINDINGS CONSIDERED CAUSES OF DEATH?
_ OR	A. ACCIDENT WAS UND R CONTRIBUTING CAU	SE OF	218. PLACE OF INJURY (e.g., nome, form, foctory, street, etc.)	office bldg., INJURY	ERE DID (If in Boltin	nore City, give exact location)
SOF	D. TIME (Month) (Do F INJURY PPROX.)		While At Work At Work	ile 🦳	V DID INJURY OCCUR?	
the	at (1) we lost saw the	deceased alive o	9-1	8-9		oplnion death occurred an the date
1	A. SIGNATURE	uses stored obove	(1)(We)(did) (did not)	tending Me		238, DATE SIGNED 12-16-65
230	C. PHYSICIAN'S NAME (Type)	HRIST	MAS M.D	23D. ADDRESS	UAL HOSPI	TAL
24A. B. R. B.	URIAL CREMATION, 248.	120/65 C	Whate of CEMETERY or C	Mem. PK	abutus	(City, town, or county) (Stote)
25A. D	DEC 20 1965	DEPT. 25B. NAM	E-PF REGISTRAR	SC. FUNERAL	DISECTOR DISECTOR	South Part 10 BP



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death FUNERAL DIRECTOR: IMPORTANT

BIRT	65 12898				
AA E	TH NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 12898
1. N	IAME OF DECEASED /		2. DATE A	ND HOUR OF DEATH	00 2,4000
Тур	pe or Print) LILIAN KACZIY	IAREK	DEC.	17,1965	,
3. 5	PLACE OF DEATH IN BALTIMORE, MARYLAND	171121	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before odm
			A. STATE B. COUN	114	
F	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location)	street	C CITY OR TOWN (IS a	talda alkı limita unita	PUIDAL and any America
	NSTITUTION		C. CITY OR TOWN (If ou	iside city limits, write	KUKAL and give township)
			D. STREET ADDRESS (If	rurol, give locotion)	
(ST. Joseph's Hospita	1	001111	Ewood	1.0
		EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	A C - 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
<i>J</i> . 3		DIVORCED (specify)	Oct. 24, 1898	last birthday	Manths Doys Hours
	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
11	e during mast of working life, even if retired)		MARYLAN	0	USA
	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	VV/F *
	7		1 0	/	
	+GNATIUS CIES/INS	SKI	AGNES JY	IEG/EW	1SK1
S. Ye	Was Deceased Ever in U. S. Armed Forces? s, ng ar unknown) (If yes, give war ar dates al service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	Vo		Taieph King	MAREK	7511 LAKFILL
/	18. // / / / / / / / / / / / / / / / / /	CAUSE O	OF DEATH	11/2/10	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	00	t 11 A.	1	ONSET AND DEAT
	LEADING TO DEATH	10:11	ensulfration (1)	11) .	
	(This does not mean the made of dying, e.g.,	DUETO	The state of the s		000 000 00 000 00 00 000 00 00 00 00 00
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(1)) Y		
	ANTECEDENT CAUSES	(B) Tel	wonder All	www	
		DUE TO	/	A ************************************	
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	(C)			
	UNDERLYING CONDITION last.	16/	***************************************	>	
	II .			· · · · · · · · · · · · · · · · · · ·	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
he-	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
V	19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or N	208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
	WAS DEDECTARED			III CERTIFIING CA	TOTES OF DEMINE
	WAS PERFORMED				
CERTIFIC	WAS PERFORMED	ACE OF INJURY (e.g., in	n ar about 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
AL CERTIFIC	WAS PERFORMED	ACE OF INJURY (e.g., in larm, foctory, street, of		(If in Baltimo	re City, give exact location)
AL CERTIFIC	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PL hame, etc.)	larm, foctory, street, of	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?		re City, give exact (acation)
CERTIFIC	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Haur) 21D. TIME (Month) (Doy) (Year) (Haur)	NJURY OCCURRED	in ar about 21 C. WHERE DID INJURY OCCUR?		re City, give exact location)
AL CERTIFIC	21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF home, DEATH (natify medical examiner) 21D. TIME (Month) (Doy) (Year) (Haut) 21E. IN	NJURY OCCURRED	in ar about 21 C. WHERE DID INJURY OCCUR?	JURY OCCUR?	
MEDICAL CERTIFIC	WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Haur) OF INJURY (APPROX.) 22. Legetify that (1) (this hospital) attended the	At Wark deceased from	in ar about 21 C. WHERE DID INJURY OCCUR?	JURY OCCUR?	
MEDICAL CERTIFIC	WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Haur) OF INJURY (APPROX.) 22. Legetify that (1) (this hospital) attended the	NJURY OCCURRED At Not While At Work	an ar about 21 C. WHERE DID Missing to the property of the pro	1910	12-19 19
MEDICAL CERTIFIC	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (natify medical examiner) 21D. TIME (Month) (Doy) (Year) (Haur) 21E. IN While Work 22. Certify that (i) this hospital) attended the that (i) (we) last saw the deceased alive an	NJURY OCCURRED At Not Whit At Work deceased from	21F. HOW DID IN.	1910	12-19 19
MEDICAL CERTIFIC	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME OF INJURY (APPROX.) 22. Lecrify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive an and from and from the causes stated above. (1)	Not White At Work	21F. HOW DID IN.	1910	19
MEDICAL CERTIFIC	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (natify medical examiner) 21D. TIME (Month) (Doy) (Year) (Haur) 21E. IN While Work 22. Certify that (i) this hospital) attended the that (i) (we) last saw the deceased alive an	At Not Whit At Work deceased from	21 F. HOW DID IN. 21 F. HOW DID IN. 19 and the view the bady after death.	19to	19_ inian death accurred an the
MEDICAL CERTIFIC	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME OF INJURY (APPROX.) 22. Lecrify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive an and from and from the causes stated above. (1)	At Not Whit At Work deceased from	21F. HOW DID IN. 21F. HOW DID IN. 19 and the view the bady after death.	1910	19_ inian death accurred an the
MEDICAL CERTIFIC	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY (APPROX.) 22. Certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and noor and fram the causes stated above (II) 23A. SIGNATURE	larm, foctory, street of NJURY OCCURRED At Not While At Work deceased from 12 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21F. HOW DID IN. 21F. HOW DID IN. 19 and the view the bady after death.	19 to ap	19
MEDICAL CERTIFIC	WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21 B. PL hame, or contributing CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Haur) 21 E. IN While Work 22. certify that (i) this hospital) attended the that (i) (we) last saw the deceased alive an and nour and fram the causes stated above. (1) 23 A. SIGNATURE	larm, foctory, street of NJURY OCCURRED At Not While At Work deceased from 12 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21F. HOW DID IN. 21F. HOW DID IN. 19 and the view the bady after death.	19 to ap	19
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MEDICAL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Haur) 21D. TIME (Month) (Doy) (Year) (Haur) (APPROX.) 22. Certify that (i) (this hospital) attended the that (i) (we) last saw the deceased alive an and noor and fram the causes stated above (i) (23A. SIGNATURE) 23C. PHYSICIAN'S NAME (Type)	At Wark deceased fram	21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 19 and the view the bady after death. 23D. ADDRESS 429 EMATORY 24D. L	Staff Phys.	238. DATE SIGNED 238. DATE SIGNED 27. 20 - 65
MEDICAL CERTIFIC	WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME OF INJURY (APPROX.) 22. Leartify that (i) this hospital) attended the that (i) (we) last saw the deceased alive an and noor and fram the causes stated above. (1) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify) 22 2/25 4. SIGNATE 24C. NAM REMOVAL (Specify) 24C. NAM	Identify, street of Not While At Work deceased from 12 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21F. HOW DID IN. 21F. HOW DID IN. 19 and the view the bady after death. 23D. ADDRESS 429 SCA	Stoff Phys. OCATION (C)	238. DATE SIGNED 238. DATE SIGNED 27-20-65 Sity, lawn, ar county) (S
MEDICAL CERTIFIC	WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21 B. PL OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Haur) 21 E. IN While Work 22. Certify that (i) this hospital) attended the that (i) (we) last saw the deceased alive an and hour and fram the causes stated above (1) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify) 2/2/6/5 ST. J.	At NIS A US REGISTRAR	21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 19 and the view the bady after death. 23D. ADDRESS 429 EMATORY 24D. L	Stoff Phys. OCATION (C)	23B. DATE SIGNED 23B. DATE SIGNED 27 - 20 - 6 5
MEDICAL CERTIFIC	WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME OF INJURY (APPROX.) 22. Leartify that (i) this hospital) attended the that (i) (we) last saw the deceased alive an and noor and fram the causes stated above. (1) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify) 22 2/25 4. SIGNATE 24C. NAM REMOVAL (Specify) 24C. NAM	At NIS A US REGISTRAR	21F. HOW DID IN. 21F. HOW DID IN. 19 and the view the bady after death. 23D. ADDRESS 429 SCA	Stoff Phys. OCATION (C)	238. DATE SIGNED 238. DATE SIGNED 27-20-65 Sity, lown, or county) (S R = ML.



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e chief med	by a medic	() Body burns	e the physic	physician we	ore the rema
the chief med	al by a medic	(2) Body burns	ere the physic	o physician we	efore the rema
by the chief med	oital by a medic	re; (2) Body burns	where the physic	No physician we	d before the rema
d by the chief med	ospital by a medic	iture; (2) Body burns	ot where the physic	(6) No physician we	ned before the rema
ved by the chief med	hospital by a medical	nature; (2) Body burns	ept where the physic	d (6) No physician we	ained before the rema
proved by the chief med	he hospital by a medic	ny nature; (2) Body burns	except where the physic	and (6) No physician we	btained before the rema
approved by the chief med	o the hospital by a medic	any nature; (2) Body burns	(except where the physic); and (6) No physician we	e obtained before the rema
e approved by the chief med	d to the hospital by a medical	of any nature; (2) Body burns	tal (except where the physic	th); and (6) No physician we	t be obtained before the rema
t be approved by the chief medical examiner or his assistant if death occurred in a hospital an	sed to the hospital by a medic	ant of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	spital (except where the physic	eath); and (6) No physician we	ust be obtained before the rema
ust be approved by the chief med	eased to the hospital by a medic	ident of any nature; (2) Body burns	hospital (except where the physic	death); and (6) No physician we	must be obtained before the rema
must be approved by the chief med	released to the hospital by a medic	accident of any nature; (2) Body burns	a hospital (except where the physic	to death); and (6) No physician we	ral must be obtained before the rema
ate must be approved by the chief med	is released to the hospital by a medic	n accident of any nature; (2) Body burns	at a hospital (except where the physic	ior to death); and (6) No physician we	roval must be obtained before the rema
icate must be approved by the chief med	was released to the hospital by a medic	An accident of any nature; (2) Body burns	A. at a hospital (except where the physic	prior to death); and (6) No physician wa	pproval must be obtained before the rema
tificate must be approved by the chief med	ly was released to the hospital by a medic	(1) An accident of any nature; (2) Body burns	O.A. at a hospital (except where the physic	ed prior to death); and (6) No physician wa	approval must be obtained before the rema
certificate must be approved by the chief med	ody was released to the hospital by a medic	rs: (1) An accident of any nature; (2) Body burns	D.O.A. at a hospital (except where the physic	ased prior to death); and (6) No physician wa	en approval must be obtained before the rema
his certificate must be approved by the chief med	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat	hows: (1) An accident of any nature; (2) Body burns	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc	written approval must be obtained before the remains are embalmed or final disposition is made.

3005

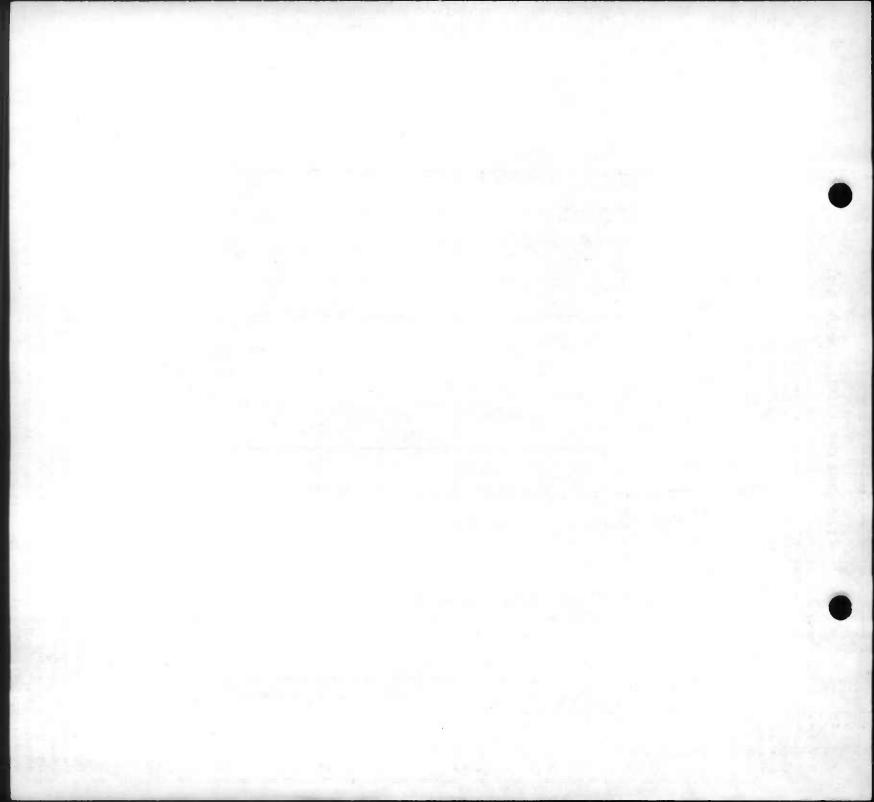
BALTIMORE CITY HEALTH DEPARTMENT 65 12899 Registered No. 55 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Jenkins Benjamin 12-18-65 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE md FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore (If rural, give location) D. STREET ADDRESS Horrass 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy) 4-1-82 Widowed 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Strongy USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. No 15-03-97 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Tyo Cardral cufacely rtempeleration hears LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 25 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) etc.) MEDIC, 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX) Work At Work 19 65 22. I certify that (I) (this hospital) attended the deceased from 17 17 12/18 19 65 that (1) (we) last sow the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abate. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending [Med. Stoff approval r Phys. Director L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 110211 JOHN M 24A. BURIAL CREMATION, 24B. AME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) was deced 25C. FUNERAL DIRECTO VS 150-REV. 1/1/65

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XAMINER



	150 W 05 40004 BA	ALTIMORE CITY HEA	LTH DEPARTMENT		
BIR	TH NO. 65-31945 65 12901 CI	ERTIFICATE	OF DEATH	Registered No.	5 12901
1.1	NAME OF DECEASED			ID HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE MARYLAND	BROOKS	IV	-16-65	1 2:30 p N
3.	PLACE OF DEATH IN BALTIMORE, MARTLAND	A. 5	TATE B. COUN	TY ,	(ution: residence before) admission)
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address ar lacation)		MARYLAN CITY OR TOWN (If out	D //	argules
	INSTITUTION		ABING DO		KAL ord give township)
7	MERCY HOSP 2120	D. 5	STREET ADDRESS (IF	rural, give locotian)	00-00
		6	3x 419-13	Emmort	on Rd.
5.	SEX 6. RACE 7. MARRIED, NEVER A WIDOWED, DIVOR	CED (see sife)	ATE OF BIRTH 2-16-65	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
	A, USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINES ne during most of warking life, even if retired)	S OR INDUSTRY 11. B	SIRTHPLACE (State at forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		n	MARYLAN	D	USA.
	FATHER'S NAME	14. A	MOTHERS MAIDEN NAM	ME	
	WILLIAM T. BROOKS		CAROLYN	KUT2	BERGER
15. (Ye	Was Deceased Ever in U. S. Armed Farces? Is, na or unknawn) (If yes, give wor or dotes of service)	IAL 17. IN	NFORMANT		ADDRESS
	No Section 1	u	UILLIAM T	. BROOKS	
_	18. 776XI	CAUSE OF DE	ATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			1	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) M	MATURIT		
	hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death,)	50110		LABOR	
	ANTECEDENT CAUSES	(B) PRE	MATURE	- DELIVER	4
	DISEASES OR CONDITIONS, if any, giving				
	rise to the above cause (A) staling the UNDERLYING CONDITION last.	(C) INC	MPETEN	CERVIX)
	THE STATE OF THE S				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATIO					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION 20	OA. AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	IDINGS CONSIDERED LES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE C	OF INJURY (e.g., in or a	bout 21C. WHERE DID	(If in Baltimare C	City, give exact location)
AL.	DEATH (natify medical examiner) hame, farm,	factory, street, affice b	INJURY OCCUR?		
DIC	21D. BAAF (Month) (Dow) (Year) (Hour) 21F IN HIPY	OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY While At	Nat While			
	22. I certify that (I) (this hospital) attended the decea	At Work	- 16 - 65	- 12	16 19 65
	that (I) (we) lost sow the deceased alive on				
				of in (my) (gue) opinio	on death occurred on the dat
	and hour and from the couses stated above. (1) (We) (d	jid) (did not) view t	the body after death.	12	3B. DATE SIGNED
	I break le Bragio	M.D. Attending	Med.	Staff Phys.	12-17-65
	23C.PHYSICIAN'S		ADDRESS	Phys.	
	NAME (Type) NAME (Type) ROGGI			CHARLES	ST. 21201
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of C	EMETERY OF CREMATE	/	OCATION (City	Jawa op county) (State)
	Hashital dishan	0	H	DSPITAL DI	SPUSAL
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	RAR 2	SC. FUNERAL DIRECTOR	IAT Dropes	ADDRESS
	DEC 20 1965 B. O. A. E. Janes	0001	SC. FUNERAL DIRECTOR	AL DISPOS	AL
VS	150-REV. 1/1/65		1		



65 12902		HEALTH DEPARTMEN	1	65 12902
M.E. CASE NO.	CERTIFICA	TE OF DEATI	H V Registered No.	
(Type or Print)	ED, BEWAMI	HURRISON 2. DAT	12/15/65	11:35 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE	Where deceased lived. If i	institution: residence befare admission)
FULL NAME OF (If not in hospital or institution, g	ive street	MARYLAND	BALTIMORE	RURAL ond give township)
INSTITUTION	0.175.41	BALTIMORE	coloide only minis, mine	5
THE JOHNS HOPKINS HOS	PITAL	D. STREET ADDRESS	(If rural, give lacation)	
		8037 EDGE	WATER AVENU	JE
S. SEX MALE WHITE 7. MARRIED, WIRES	NEVER MARRIED	11-24-88	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	0	4	12. CITIZEN OF WHAT COUNTRY?
MINE ElectRICIAN Consolid	orted Goal Co.	Kent	ucky	USA.
13. FATHERS NAME		14. MOTHERS MAIDEN		1
JOHN REED		KACL	nel Connol	ly
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown)((if yes, give war or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
Mo	404-01-4930		eo 613 F.	Street
18. 4 2 0 0 1	CAUSE O			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MUL	CARNING B	SHEMIA	20 hours.
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO /	1.0		
injury or camplication which caused death.)	Doll	an eclara	tic Heart De	KO A TO
ANTECEDENT CAUSES	(B) DUE TO	erioscia	TE HETTEL DE) C 1712.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	in Com	escalized	Arterioseler	rosis.
UNDERLYING CONDITION last.	(c) Deski	ov act eca	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Rennol FA	ilure -	Cevebro-VI	oscular Aceident
194. Date of operation 198. Condition for was Performed Apalemenal	1 1. A	20A. AUTOPSY? (Yes	or No! 20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21 B.	A THE RESERVE	NYSM / O	(M in Robinson	re City, give exact location)
OR CONTRIBUTING CAUSE OF home	e, form, foctory, street, o	ffice bldg., INJURY OCCU	R?	re City, give exoct locolion)
0	INJURY OCCURRED	21E HOW DID	HNJURY OCCUR?	
While While	e Al Not While	e 🖳	INJURI OCCUR:	
Wou		1//3/	:./ (12/15
22. I certify that (1) (this hospital) attended th	e deceased from	11/20	19 6 5 to	1963
that (1) (we) last saw the deceased alive an	(W) (1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1			inian death accurred an the date
and haur and from the causes stated abave. (1)	(did) (did)	riew the bady after dec	ath.	23B, DATE SIGNED
11 +2 //	M.D. Atte	ending Med.	Stoff	12/15/16
23C. PHISICIAN'S	esur_ Phy	s. Director 23D. ADDRESS	Phys.	14/13/63
ROBERT A. RATCHESON	M.D.		KINS HOSPIT	ΓAL
24A, BURIAL CREMATION, 24B, DATE 24C, NA	ME of CEMETERY OF CR			City, town, or county) (State)
REMOVAL (Specify)	dens of Fait		Baltimap	md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		25C UNERAL DIRE	etor .	ADDRESS A
DEC 20 1965 (Day & 2 136	West a O	1 P. O. 8	- Proch 18	211 Ches Aco Hue
VS 150-REV. 1/1/65		- Lange		

Anterior leaster Heart Porter The first the same As the same As Jel 33 36 11 21181 Rebert P. Robelson -19/10 2

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/65

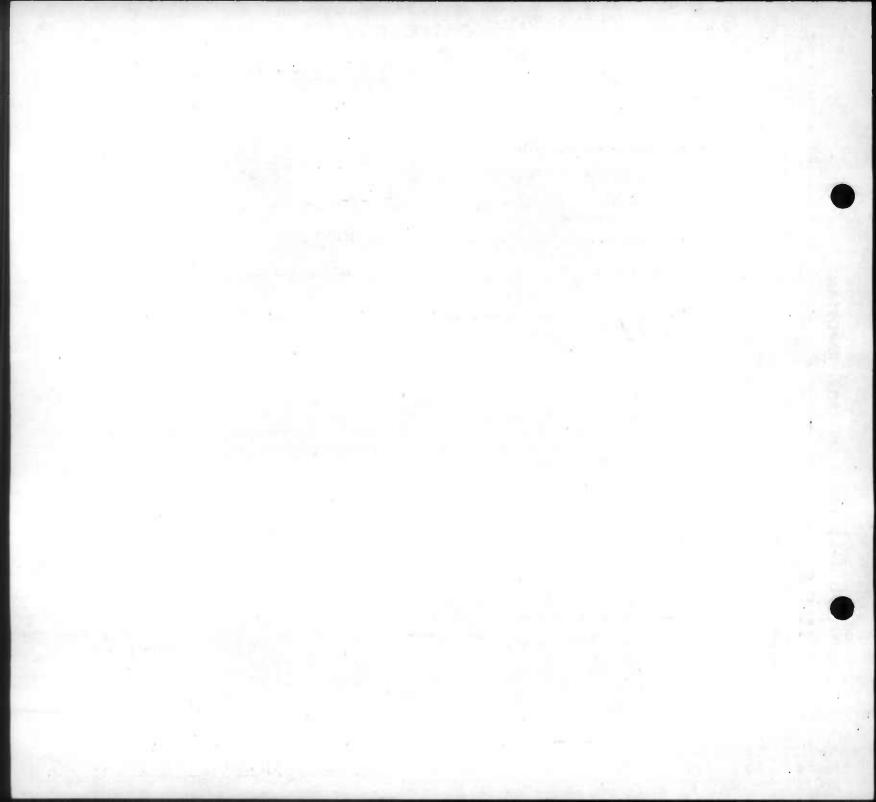
		BALTIMORE CITY	HEALTH DEPARTMENT	1	10009	, ,
M.1	TH NO. 64-16298 65 1290	3 CERTIFICA	TE OF DEATH	Registered No.5	12903	
(Ту	Martin Eric Ch	arles	12-16		539m	м
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If insti TY	tution: residence before o	dmission)
	FULL NAME OF (If not in hospital or institut MOSPITAL OR oddress or location) NSTITUTION	ion, give street	C. CITY OR TOWN CIT OUT	tow Ct side city limits, write RUI	RAL and give fownship)	1
19	North Charles G	eneral		drop give location)	JG CONTRACTOR	9
5. :		RIED, NEVER MARRIED DWED, DIVORCED (specify)		A .	If Under 1 Yr. If Under Norths Doys Hours	r 24 Hrs. Min.
	NUSUAL OCCUPATION (Give kind of work 108, KIN) e during most of working life, even if refired) None.	D OF BUSINESS OR INDUSTRY	Mary land	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE		
	Martin Charles R	obert	Geters Ka	thlee-		
15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No	None 1	Mr. Charles R	· Martin	(Same)	
V	18. 79 X I	CAUSE OF			INTERVAL BETW	
	DISEASE OF CONDITION DIRECTLY	\mathcal{C}	On of m		ONSET AND DE	A !!!
	(This does not mean the made of dying,	e.g., DUE TO	milen of	ungeles.		
	heart failure, asthenia, etc. It means the dise injury as camplication which caused death.)		00			
	ANTECEDENT CAUSES	(8) 400	a vannehy	mushina.	***	
	DISEASES OR CONDITIONS, if any, gi	Ving DUE TO	. (/			
	underlying CONDITION last.	the (C)				
	11					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
ERTIFIC	WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?	
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(If in Soltimore C	City, give exact location)	
MEDE	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		URY OCCUR?		
	22. 1 certify that (I) (this hospital) attend	ed the deceased from	3/15/65. 1	965 10 18	116/65 19	-61
	that (I) (we) last saw the deceased alive	on 12/16/6/at 57	19 65 and the		/	
	and hour and from the causes stated abov	e. (I) (We) (ald) (ald not) vi	ew the bady after death.	12	3B, DATE SIGNED	
	(lungling m Sel	10 gm/ M.D. Atter	nding Med.	Stoff Phys.	12/16/6	5.
	23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	light mod	Coto BA	edg.
241	A. BURIAL CREMATION, 1248, DATE 124	C NAME OF CEMETERY OF CREE	424 46 ang	CATION (City	genvoy n	74
24/	REMOVAL (Specify) Burial 12/20/65	Gardens of Fai		0 1	lore, Md.	(31016)
25/	DELEZ U 1965 PPT O. 158.0A	ME OF PEGISTRAR	2SC. FUNERAL DIRECTOR	0 1 0 1	ADDRESS	171.
		6500	Leonard J. d	ruck ync. E	salto. Ma. 2	1214

12/29/65 - Pause of Death - H. Influence Meningelia TypeB Information received from Dr. George H. Flendrings (att. Phys.)

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

65 129	BALTIMORE CIT	Y HEALTH DEPARTMENT	CF 1000:
DIKIN NO.	CERTIFICA	ATE OF DEATH Registered	No. 65 12904
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) (harles B	Kach	Dec. 16, 196	and the same of the same of
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	· /(0C/t	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	titution, give street	C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township
INSTITUTION	,	Baltimore	the KOKAL one give township)
0 1015 Cedarcroft Ro	ad	D. STREET ADDRESS (If rurol, give location 1015 (edarcroft Ro	
male white "	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) married	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 8-5-1898	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. I done during most of working life, even if retired) Ret. Salesman	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME	V
William Koch		Mable Brande	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of s	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	705050188	Mrs Agnes E. Koch	Same INTERVAL BETWEEN
18. A DISEASE OF CONDITION DIRECTL	Y	OF DEATH	ONSET AND DEATH
LEADING TO DEATH	(A) M.	yocardial Infar	ct Sudden
(This does not mean the mode of dying heal foilure, astherio, etc. It means the	diseose,	,	
injury or complication which coused death ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if ony,	DUE TO		
rise to the obove couse (A) stotic			, p. 1, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
11			
OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO THE Brone	hitis, chronic	6 months
19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, W IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Bolt office bldg., INJURY OCCUR?	imore City, give exoct locotion)
Z1D. TIME (Month) (Doy) (Yeor) (Ho OF INJURY (APPROX.)	While At Not Wh	21F. HOW DID INJURY OCCUR?	
22. 1 certify that (I) (this haspitel) atte		· · · · · · · · · · · · · · · · · · ·	6 Dec 1965
that (1) (we) lost sow the deceased ali	10 1/.	1	opinion death occurred on the date
and hour and from the causes stated o	bove. (1) (Wee) (did) (did not)	view the body after death.	
23A. SIGNATURE	Pa. DI CM.D. A	ttending Med. Staff	16 Dec 65
23C. PHYSICIAN'S	thou My Ph	ys. Director Phys.	
NAME (Type)	ALD M.D	60/W, Jop)	or Road
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	Da ITIMORE	(City, town, or county) (Stote)
burial 12-20-65	St. Stanislan	s Cem. Baltimore	Md.
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 20 1955 02 0 5 5	TO MANAGEMENT	Leonard J. Ruck In	c Baltimore, Md.
WA INDUMENT I/I/AS			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, sand (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	65 129	35 BALTIMORE CITY	HEALTH DEPARTMENT	CE 40005	
BIRT	H NO.	CERTIFICA	TE OF DEATH Registered No.	65 12905	
	CASE NO.	GERTITION.			
	AME OF DECEASED e or Print)	0	2. DATE AND HOUR OF DEATH		
	Robert L.	Ray	Dec. 17, 1965		
3. P	LACE OF DEATH IN BALTIMORE, MARYLAN	ID 0	4. USUAL RESIDENCE (Where deceased lived. If i	institution: residence before odmission)	
L,	ULL NAME OF (If not in hospital or inst	itution give street	Md.	11-05	
. 1	IOSPITAL OR oddress or location)	notion, give street		RURAL and give township)	
-	NSTITUTION		011		
	Union Mamarial Hains	: 40/	D. STREET ADDRESS (If rurol, give location)		
1	Union Memorial Hosps	ciac			
			3102 (hesley Ave.		
5. S		ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.	
	/ / / /	narried	June 11,1903 62		
	USUAL OCCUPATION (Give kind of work 108, K		1Y. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	
	during most of working life, even if retired)		11 1 6 1	WHAT COUNTRY?	
1	Ret. (arpenter		North (arolina	USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	01.100		C		
	Robert J. Ray	11.	(. Eva Penney	A.D.D.D.C.C.	
Yes	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	IV, INFORMANT	ADDRESS	
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-	18. // 0 / 12 / 0 / 0	4)/4)09/	F DEATH	INTERVAL BETWEEN	
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	DISEASES OR CONDITIONS, if any,		(C) + · · · ·		
	rise to the above cause (A) statin		1. Orlenescleros	LQ T	
	UNDERLYING CONDITION last.				
	11	A 2			
NO	OTHER SIGNIFICANT CONDITIONS CONTR		1. Da 10-1		
ATION	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE SUNGE	ver mellelies	15.420	
IC	19 A. DATE OF OPERATION 198. CONDITION	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE	FINDINGS CONSIDERED	
ERTIFIC	WAS PERFORME	ED	IN CERTIFYING C	AUSES OF DEATH?	
CER	21 A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If in Boltimo	re City, give exact location)	
AL (OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	77 5	
U	DEATH (notify medical examiner)	610.7			
144	21D. TIME (Month) (Doy) (Year) (Hou	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
٤	OF INJURY (APPROX)	While At Not Whil	le		
		Work At Work			
	22. I certify that (1) (this hospital) atte	ended the deceased fram	1-4- 1930 to	12-17-19.65	
	that (I) (we) last saw the deceased ali-	ve on 12 - 11	7-1965 and that in (my) (aur) ap	Union death accurred on the date	
				0 1000 0 00	
	and haur and from the causes stated at	day (1) (and) (and)	view the body after death. Deceos	ed 1.00 H. W	
	23A. SIGNATURE	41.		23B. DATE SIGNED	
	Tologia	M.D. Att	ending Med. Stoff Phys.	12-17-65	
	23C.PHYSICIAN'S		23D. ADDRESS		
	NAME (Type)	3		+ BATE DIDI	
	77.//. \	MUCH M.B.	3105 M. (Ware) 5	1.100 (D. 2/3/2	
244	REMOVAL (Specify)	24C, NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (State)	
	1 . 1 12 20 15	D. / 1/- //-	Man R-11:	MJ	
	DATE SECIL BY HEALTH DEET TER	Dulaney Valle	T TOTAL PURIEDAL PURICAGO		
ZOP	DEC O 1005	AME OF REGISTRAR	LOCATE CANAL DIRECTOR	c Baltimore, Md.	
	DEC SA 1200 (Profiles	A Concession	Leanard J. Ruck Inc	- bucconone, ma.	
VS	150-REV. 1/1/65				

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

i	BALTIMORE CITY	HEALTH DEPARTMENT	
M	E. CASE NO.	TE OF DEATH Registered No. 65	12906
(T	POGLIA, ETHEL C.	2, date and hour of death	4:20 Am
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Whore deceased lived. If institute	on: lesidence before admission)
	FULL NAME OF III not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURA)	L and give township)
W	UNION WEM OMAL HOSP.	Baltimore #34 D. STREET ADDRESS (If tural, give location)	53.00
		1801 OHILE164	RD. 21234
5.	SEX 6. RACE 7. MARRIED, NITTER STARKED (Specify) 1. MARRIED (S	10 8 Post birthdoys & Mo	Under 1 Yr. If Under 24 Hrs. nths; Days Hours Min.
L	Nousewife	NO. CAROLENA	WHAT COUNTRY?
113	PATHERS NAME? WALKER	14. MOTHER'S MAIDEN NAME	ROBERTSON
	Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of service) 1 1	17. INFORMANT FRANK FOOUA	ADDRESS A
	18.14 9 / X 1 CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Broncho presumaria	
	(This does not mean the made of dying, e.g., DUE TO		**************************************
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	a is to a land to and and	
	ANTECEDENT CAUSES DUE TO	ac various, and from	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the	ral & kulmany phose	301
	UNDERLYING CONDITION last,		MM
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CIEIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY2 (Yes or No.) 20 B. IF YES, WERE FINDI	
CEBRIE	21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If in Baltimare City	, give exact location)
I V	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of etc.)	fice bldg., INJURÝ OCCUR?	
0100	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
9.0	(APPROX.) While At Not While At Work At Work	e	1
	22. I certify that (this hospital) attended the deceased fram	1/27 19 65,0 1	2/17 1965
	that (1) (we) last saw the deceased alive on 12/17	19 65 and that in (and) (our) opinion	death occurred on the date
	and hour and fram the causes stated above. (#7 (We) (dld) (did nat) v		
	Phy	ending Med. Stoff	DATE SIGNED
	ROBERT WHITLOCK M.D.	UNION MEMORIAL HOSP	ITAL
2	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		wn, or county) (Stote)
	Burial 12/20/65. Dulaney Valle	y Cemetery Baltimore,	
2:	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	250 TUNERAL DIRECTOR	m ADDRESS
L	150-REV. 1/1/6S	georga Much one.	CAITO. 14, 111d.

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				BALTIMORE CITY	HEALTH DEPARTMENT	OF	1000=
M.1	TH NO. E. CASE NO.	65 12	2907	CERTIFICA	TE OF DEATH >	Registered No	12907
(Ty	Pe or Print)	MR. la	10	OSEAH BISH	op /2/	18 165	12 A M.
/	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol oddress or location)	give street	C. CITY OR TOWN (IF OUTS D. STREET ADDRESS	orol, give location)	IRAL and give township)
5. 9	14	RACE	mar	NEVER MARRIED DIVORCED (specify) ried	12/3:/02	62	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
		ATION (Give kind of work king life, even if retired)	0	ROAD	MARY U	OM	12. CITIZEN OF WHAT COUNTRY?
13.	GEOR	GE BISO	108		14. MOTHER'S MAIDEN NAM	HAGERTY	1
15. (Ye	Wos Deceased Exs, no or unknown) (II	rer in U. S. Armed For f yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT BEATRICE	BISHOP	ADDRESS SA
	(This does not heart failure, as injury or complete AN DISEASES OR rise to the	OR CONDITION DIF ADING TO DEATH meon lhe mode of thenia, etc. It means icalian which coused ITECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last,	dying, e.g., lhe diseose, dealh.)	(A) BI DUE TO (B) CON (C)	ain Metastasa ainoma of	4	onset and death whichour
ATION	TO THE DEA	II CANT CONDITIONS CONTH BUT NOT RELADING FOR	TEO TO TH				
ERTIFIC	19A. DATE OF O	PERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL CE		WAS UNDERLYING OF CAUSE OF dedicol exominer		ne, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact tocotion)
MEDI	21 D. TIME OF INJURY (APPROX.)	Month) (Doy) (Year)		INJURY OCCURRED Ile At Not While rk Not Work	21F. HOW OID INJU	JRY OCCUR?	10
	that (H) (we) Id	N whi	d alive an	(Ve) (did) (did not) v M.O. Atte Phy	19 GS and the lew the bady after death.		In death accurred on the date
	A. BURIAL CREM REMOVAL (Spe Buria A. DATE REC'D B	L 12/21/	24C. N.	ame of CEMETERY of CRE arkwood Ceme		Cation (City)	Maryland ADORESS
VS	DFC 20 150-REV. 177/65	1955 1.0	2.3	0 800	1 1 9	Ruck Inc 5	305 Harford Rd.

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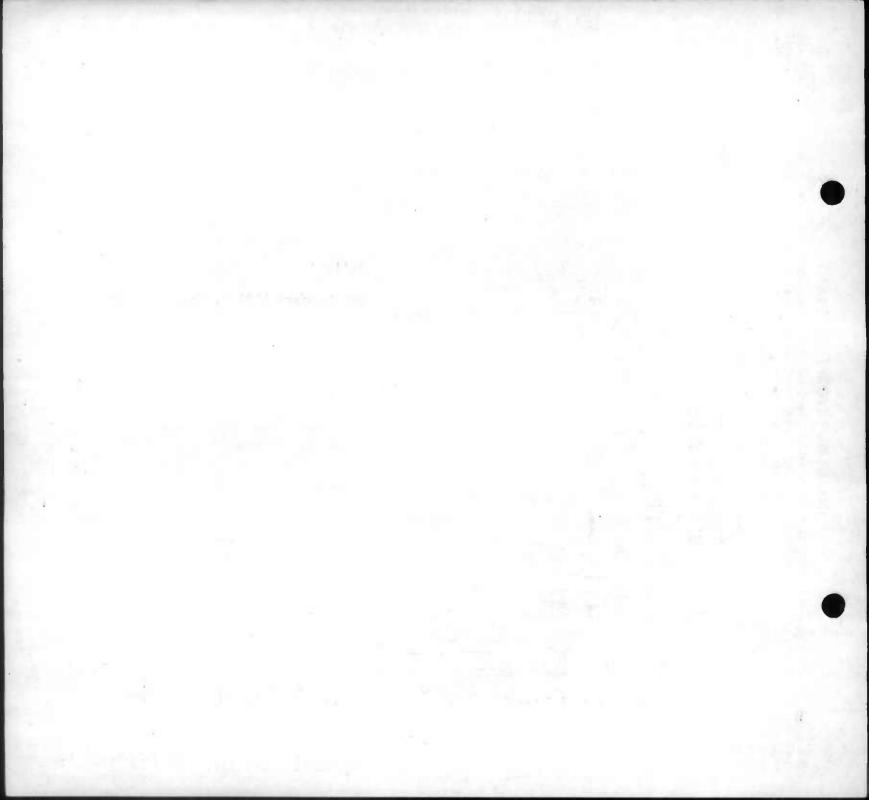
BALTIMORE CITY HEALTH DEPARTMENT 65 12908 Registered NS5 CERTIFICATE OF DEATH BIRTH NO. on the M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) JOHN LEONARD 12-16-65 death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived. If institution; residence before admission) ance B. COUNTY MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION attend 0 JOHNS HOPKINS HOSPITAL prior D. STREET ADDRESS (If rural, give location) NORTH CAROLINE STREET regular mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys deceased WIDOWED, DIYORCED (specily) lost birthdoyl 7-87 NEGRO MALE S 10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? final disposition done during most of working life, even if retired) 2 USA N. Carolina Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES LEONARD Julia ? uo death 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance Van Leonard 1724 N. Caroline Street W. War I ves CAUSE OF DEATH INTERVAL BETWEEN pronounced OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., embal hearl failure, asthenia, etc. It means the disease, 0 injury or complication which caused deoth.) regul ANTECEDENT CAUSES ho are DISEASES OR CONDITIONS, if any, 3 rise to the obove couse (A) stating the = physician UNDERLYING CONDITION last. remains Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? ere 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF ° MEDICAL DEATH (notify medical examined) etc. ¥ ¥ obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX) Work AT Work and 22, I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive an 19 6 and that in (my). (aur) opinion death occurred on the date death) hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must 23A, SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Stoff 0 Phys. Director Phys. approval 8 23D. ADDRESS 23C. PHYSICIAN'S prior to o NAME (Type O LIVIS 24A. BURIAL CREMATION. 24C. NAME OF CEMETERY OF CREMATORY eceased 24B. DATE 24D. LOCATION (City, town, or county) 0.0 REMOVAL (Specily) decease 12-21-65 Baltimore National Baltimore, Maryland Was 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR 1735 Harford Av. Marshall Jones,

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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65 CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 2 DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased 3. PLACE OF DEATH IN BALTIMORE B. COUNTY 709 (If not in hospital or institution, give street OM FULL NAME OF HOSPITAL OR address or location) (If outside city limits, write RURAL and give township C CITY OF TOWN INSTITUTION MO D. STREET ADDRESS rural, give location is made. MARRIED, NEVER MARRIED R. DATE OF BIRTH 9. AGE (In veors If Under 24 His. If Under WIDOWED. DIVORCED (specify) Months Dovs lost birthday Hours 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OF INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) BIRRY NITTER 1. ONNESS E 20 13. FATHER'S NAME OLLIN 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 01-CAUSE OF DEATH 1B. INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. Il means the disease, injury or complication which coused death.) Ee ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION IOSI. before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? | Yes or No! 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) AL DEATH (notify medical examiner) etc.) MEDIC obtained 21 D. TIME OF INJURY | Month) | Doy) | Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from 19 6 (pe that (1) (we) last saw the deceased alive an... and that in (my) (aur) aplnian death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A, SIGNATURE 23B. DATE SIGNED Leunel M.D. Attending Phys. Director approval 23C. PHYSICIAN'S NAME I Type 23D. ADDRESS Bon JAIME -M.D. 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION written 110 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

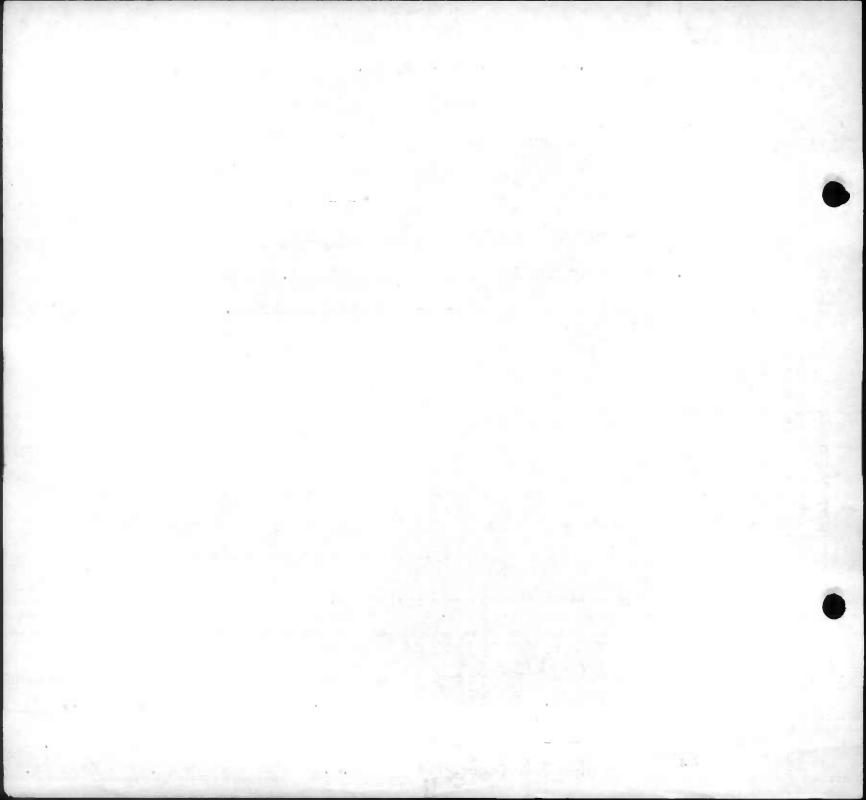
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BALTIMORE CITY HEALTH DEPARTME

(Type or Print)	65 1 Dr. Jo		CERTIFICA Hundley		2. DATE A	on hour of deat	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street)			Jr. December 18,1965 2:05 A.A. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission a. STATE B. COUNTY Maryland C. CITY OF TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)				
HOSPITAL OR oddress or lacotion) INSTITUTION 204 Ridgewood Road							
				204	Ridgew	ood Road	
5. SEX M	6. RACE W UPATION (Give kind of wor		IVORCED (specify)	8. DATE OF BI	RTH	9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 Manths Days Hours N
dane during most all Physicia	warking life, even if retired) an-Surgeon	Medic		Mary			USA
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	WE	
Dr. Jo 15. Was Decease (Yes, no or unknaw	ohn Mason Hod Ever in U. S. Armed Fa	undley	SOCIAL SECURITY NO.	Hele	n M. S	weet	ADDRESS
Yes	WW 1	2	13-46-4283	Emily	Louis	e H. Hund	lley Above
1B. 4).] [CAUSE OI	DEATH			ONSET AND DEATH
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	not mean the mode of		DUE TO		9		
	, osthenio, etc. It meons mplicotion which coused						
	ANTECEDENT CAUSES		(B)			\$\dagge\tau\dagg	***************************************
	OR CONDITIONS, if						
	G CONDITION lost.	sloling The	(C)				
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TO THE	RIFICANT CONDITIONS (DEATH BUT NOT REL. CONDITION CAUSING	ATED TO THE					
E O	F OPERATION 198. CON WAS PER	FORMED			PSY? (Yes ar N	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING CUTING CAUSE OF	hame,	ACE OF INJURY (e.g., in form, foctory, street, of	ice bldg., INJU	RY OCCUR?	ur in Pollim	are City, give exact lacotian)
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that (1) (ye	tast saw the deceas	ed alive an	DEC 18	1 19 6	and t	nat in (my) (our) o	pinian death accurred on the
	nd fram the causes sta	ted abave. (1) D	(did) (did not) v	ew the bady	after death.		
			M.D. Atte	nding	Med.	Staff Phys.	23B. DATE SIGNED
	oseph-T	2BK.	Phys		Director		
23A. SIGNAT	oseph I	2B/C		3D. ADDRESS	Director	111/20	
and haur ar	oseph I	. King		3D. ADDRESS			ane, Balto N
23A. SIGNAT	Joseph J Joseph B EMATION, 124B. DATE	0	1	3D. ADDRESS 222 W	. Cold	Spring L	ane, Balto., A
23A. SIGNAT 23A. SIGNAT 23C(PHYSICI NAME: ()	Joseph J Joseph B EMATION, 248. DATE (Specify)	24C. NAM	M.D.	3D. ADDRESS 222 W	. Cold	Spring L	

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45-47-64	BALTIMORE (CITY HEALTH DEPARTMENT
T.T.		CATE OF DEATH Registered No.5 12911
Pital and of death Deceased e on the	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
de de s	(Type or Print)	12 18 65 1 0 P V
hospital use of d (5) Dece lance on death.	3. PLACE OF DEATH IN BALTIMON, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A, STATE B, COUNTY
	FULL NAME OF (If not in hospital or institution, give street	MARYLAND BALTIMORE
a hos cause use; (5) endan	HOSPITAL OR oddress or location) Baltimore City Hospitals	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
e 52.	R H	RURAL D. STREET ADDRESS (If ruro), give locotion)
		924 WOODLYN ROAD 21221
but lar	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs
death occurred r or contributin Undetermined as in regular e deceased pri	FEMALE WHITE WIDOWED Specify	6-27-94 lost birthday Months Doys Hours Min,
re- re- re- re-	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or c Indet s in dec	done during most of working life, even if refired) HOUSEWIFE HOME	MARYLAND
de de la contra del contra de la contra de la contra del contra de la contra de la	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NT nt if death direct or c 1; (4) Undet th was in on the dec	HENRY WITTIG	BERTHA HOYT
AN stant ind; eath	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17, INFORMANT ADDRESS
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OR: IMI miner or hi niner. Also, fracture of o pronoun gular after	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	Carcinomatoriibren' Metrotatic (A brent 1 / year
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xam xam cami A fr who	DISEASES OR CONDITIONS, if any, giving	0
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RAL DIR medical medical e burns; (3 physician an was ir		
AL D medica edical burns; hysicia n was	Z CONTRACTOR CONTRACTOR	
FUNERAL te chief med by a medii 2) Body burr te the physician w	O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	120A AUTOROXX (V.) ANALYZOR IS VER WERE SIMPLINES CONSIDERED
chief y a n Body the p	WAS PERFORMED	20A. AUTOPSY? (Yes o No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUR tal by e; (2) B here tl No phy before	U 21A, ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e	a. in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, stree	(, office bldg., INJURY OCCUR?
9653	1 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hosp hosp hosp hapt l (6)	♥ OF INJURY While At Not Work At v	While D
approved by the to the hospital fany nature; (I (except when it); and (6) No	22. I certify that (1) (this hospital) attended the deceased from	12-18-61 19 10 12-18-65 19
0 0 0	that (1) we) last saw the deceased alive on	12-18 19 65 and that in (my) (aur) apinian death occurred on the do
20027	and hour and fram the causes stated abave (W) (We) (did) (did no	it) view the bady after death.
nust be o eased to ident of hospital o death)	23A. SIGNATURE	23B. DATE SIGNED
E 0 0 _ + 5	Brian O. Bontos, M.D.	Attending Med. Stoff Phys. (2-18-6)
as re n ac n ac air a rior i	23C. PHYSICIAN'S NAME (Type) BRIMI BOUTEN	23D. ADDRESS 1-910 Eastern Avenue, Baltimore

25B. NAME OF REGISTRAR

This certificathe body was shows: (1) An was D.O.A. a deceased pri

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

VS 150-REV. 1/1/65

RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min, 12. CITIZEN OF WHAT COUNTRY? ADDRESS RN AVENUE #21224 INTERVAL BETWEEN ONSET AND DEATH FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact location) Inian death occurred on the date 238 DATE SIGNED enue, Baltimore Naryland Maryland 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 25C-FUNERAL DIRECTOR ADDRESS

Care, some bran Roserd A) interpret of 34 11-31 am, stroll. O inind BRIMEN GOLDEN

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

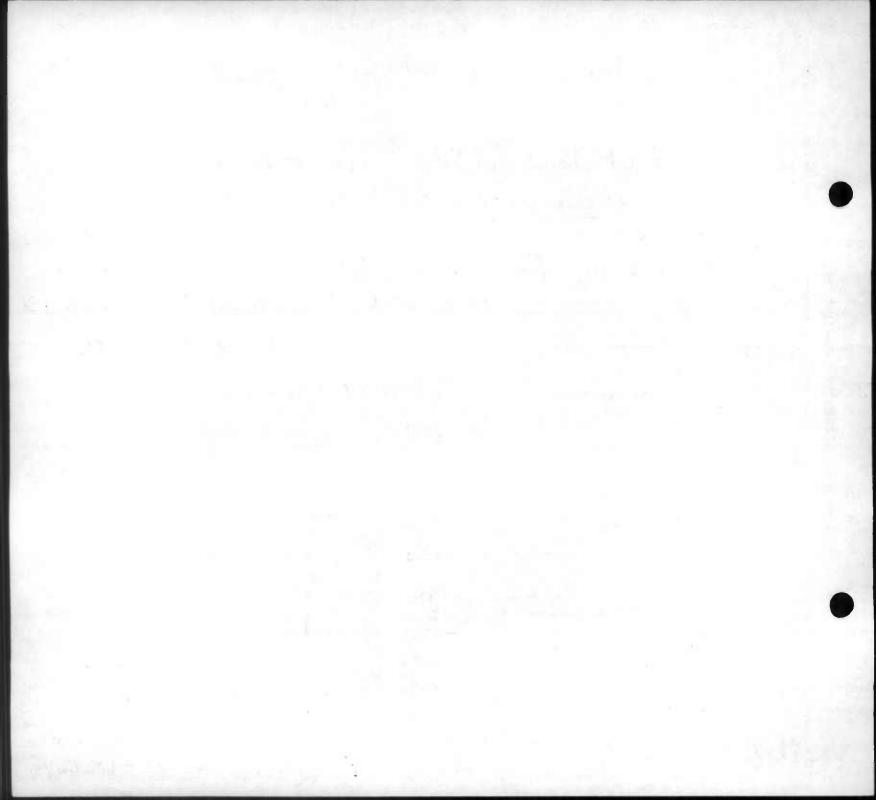
BIRTH	No. 6	5 12912	CERTIFICA	TE OF DEATH	Registered Na.	65 12912
1. NAM	ASE NO.		, , , , ,		ND HOUR OF DEATH	
(Type o	or Print)	EDERICK	W. HOHM	AN /2	-15-65	
FULI	SPITAL OR oddre	tin hospital ar instituss ar lacotion)		A. STATE B. COU	NTY	RURAL and give township)
0	23/9 0	IEFFERS		D. STREET ADDRESS	Frural, give location)	on BT.
5. SEX	N 6. RACE	WID	RIED, NEVER MARRIED DWED, DIVORCED (specify) ARRIED	8. DATE OF BIRTH 5-23-1896	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
	SUAL OCCUPATION (Giring most of working life, e	ven if retired)	OF BUSINESS OR INDUSTRY	MARYLA		12. CITIZEN OF WHAT COUNTRY?
	HERS NAME			14. MOTHER'S MAIDEN NA	AME	•
)-	REDERIC	K W. Ho	HMAN, SR.	LENA BAG	UERNSCHI	MIDT
	s Deceased Ever in U. or unknown) (If yes, give		16. SOCIAL SECURITY NO. 2/3-10-0048	Mrs Helen A	ohman - 231	9 feffuson ST
1B.	LEADING	IDITION DIRECTLY TO DEATH	CAUSE O	maeshão Ho	and tiller	INTERVAL BETWEEN ONSET AND DEATH
he	his does nat mean th art failure, asthenia, e jury or complication w ANTECEDE	Ic. II means the disc hich coused death.)		nebral Cliter	usselvore	5 gn.
ris	SEASES OR CONDI e la lhe abave NDERLYING CONDITI	cause (A) sloting		Tulman	my Odeni	2
ATIO	THER SIGNIFICANT CO O THE DEATH BUT ISEASE OR CONDITION	NOT RELATED TO				
ERTIFIC 197	A-DATE OF OPERATION	198. CONDITION	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208. IF YES WERE	FINDINGS CONSIDERED USES OF DEATH?
OR	A. A CCIDENT WAS UN CONTRIBUTING CA ATH (natify medical exc	USE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n ar about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimor	e City, give exact location)
S OF	D. TIME (Month) (I	Day) (Year) (Hour)	21E INJURY OCCURRED While At Not Work At Work	21F. HOW DID IN	JURY OCCUR?	
the	at (I) (we) last saw t	he deceased alive	ed the deceased fram an (1) (We) (did) (did nat) v	5-1965 and t		inian death accurred an the date
	C. PHYSICIAN'S	-g Gen	Phy	ending Med. S. Directo 23D. ADDRESS	Staff Phys.	238. DATE SIGNED
	NAME (Type)	iAM G.	SEVER M.D.	156 M.1	geton	live,
24A. BI	EMOVAL (Specify)	10-18-15	BALTIMORE CE	EMETERY 24D.		ity, town, or county) (State)
25A. D	ATE REC'D BY HEALTH	DEPT. 25B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTO		230 PADDRESS

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death-shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

Also, if the direct or contributing cause of death

	- 10.00	BALTIMORE CITY	HEALTH DEPARTMENT		05 40040
	H NO. 65 12913	CERTIFICA	TE OF DEATH	Registered Na.	65 12913
1. N (Тур	AME OF DECEASED LE OF PRINTING THE MARYLAND	arie Bie	4. USUAL RESIDENCE TWHOMA, STATE	D HOUR OF DEATH 2. 19-65 deceosed lived. If instituty	1 3 30 A M. M. dion: rosidonco boforo odnission)
H	CULL NAME OF (If not in hospital or institution) NSTITUTION	ition, give street	c. CITY OR TOWN (If outs	sido city limits, write RURA	AL and give township)
5. S	1819 E. Lomb	and St	1819 E.L	onkard S	
101	USUAL OCCUPATION (Give kind of work 108, KIN	OWED, DIVORCED (specify)		ost birthdoy! Mo	Under 1 Yr. If Under 24 Hrs. Onlys Doys Hours Min. 2. CITIZEN OF WHAT COUNTRY?
	Adving most of working life, even if refired) HOM D FATHER'S NAME	None	14. MOTHER'S MAIDEN NAM	nany	U.S.A.
	Wos Deceased Ever in U. S. Armed Forces?	GNAGSCH Vice) 16. SOCIAL SECURITY NO.	ACCUSTO	a Rad	ADDRESS
	18. 3 3 / I DISEASE OF CONDITION DIRECTLY	213-54-0217 CAUSE 0	F VOYHA.	3 habel 1819	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, heart failure, asthenia, etc. It means the dis		rebral hemorrhay	se due to	10 days
	injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stating	-	netral arteriose	clisosis	
NOIT	UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	UTING			
CAL CERTIFICATION	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FINE IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, stroot, of otc.)	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore Cit	ty, give exact locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	URY OCCUR?	/
MEDIC	22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased allve	o an	19.65 and the	9ta	death accurred an the date
	and from the causes stated about 23A. SIGNATURE	0	ending Med.	Stoff Phys.	12/20/65
24 A	23C. PHYSICIAN'S NAME (Type) A BURIAL CREMATION, 24R DATE 23C. PHYSICIAN'S NAME (Type)	APLAN M.D.	23D. ADDRESS	Broadwa	y Belde 3, My
254	REMOVAL (Specify)	Oak bawh	- 12-	astern AV	e Pd. Bato. Co
	DEC 20 1965 Q.C	haltie Stalley MA	1 Dippol	BLOW 1 NO. 18	OOE, hombard Sx

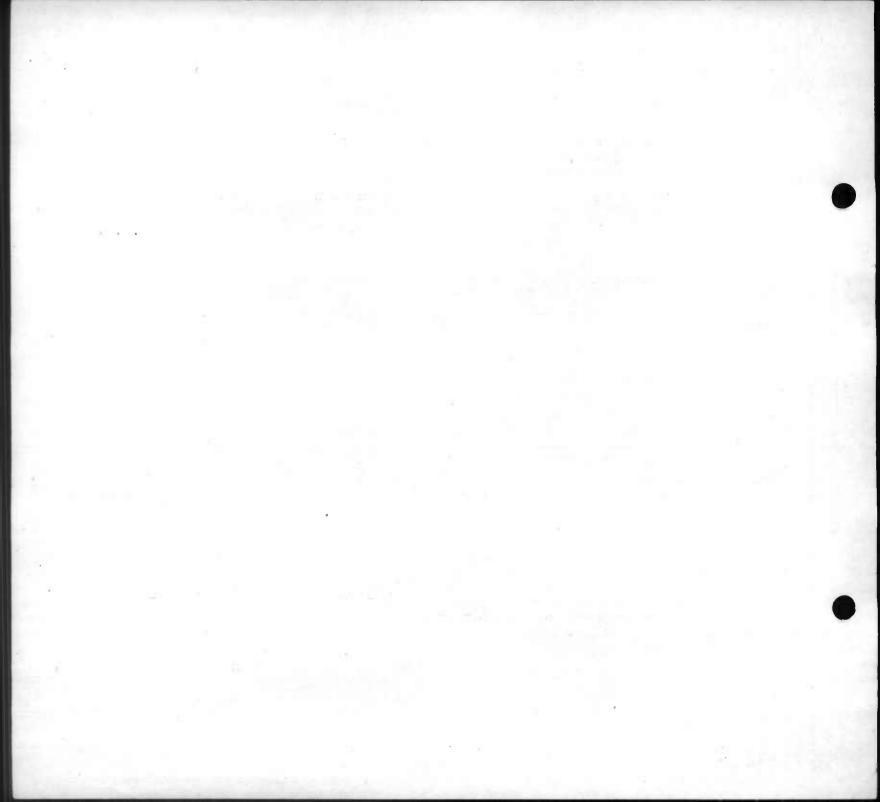
VS 150-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

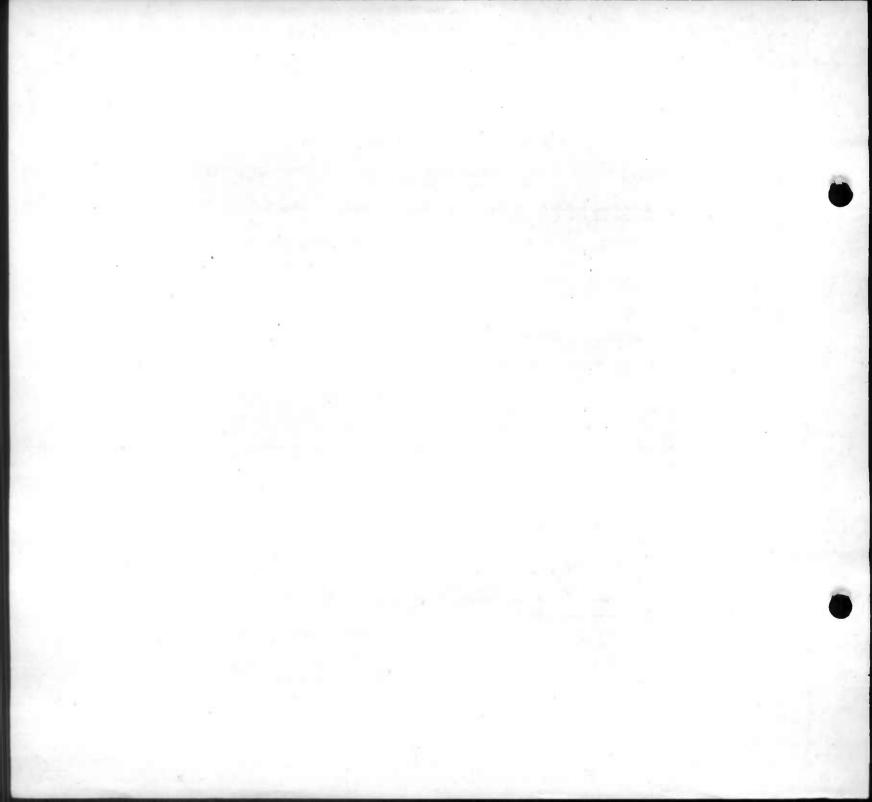
VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTMENT		0= 10011
BIRT	H NO. 65 12914		CERTIFICA	TE OF DEATH	Registered No	65 12914
	CASE NO.				D HOUR OF DEATH	1
	e or Print) Reba Baile;	v				0
3. P	LACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. II	1965 4:00 M. institution: residence before admission)
H	ULL NAME OF (If not in hospital OSPITAL OR oddress or location	or instilution, (give street	Maryland	tside city limits, write	RURAL and dive lownship)
II	Provident Ho					
Ky	1514 Division			D. STREET ADDRESS (If	rurol, give location)	
1	Baltimore, I	Marylan	d	603 Collett	Street	
5. \$	Female Negro		NEVER MARRIED D, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
IOA.	USUAL OCCUPATION (Give kind of work	1				12. CITIZEN OF
ione	during most of working life, even if retired)			Delaware		U.S.A.
13. [ATHER'S NAME	1		14. MOTHER'S MAIDEN NA	ME	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
15. V	Vos Deceased Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	,no or unknown) (If yes, give wor or dote	es of service)	SECURITY NO.			
	18. 7/ () () []		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH	NEG (E)	w Coro	nary Heart dis	ease	
	(This does not mean the mode of		DUE TO			
	heart failure, asthenia, etc. It means injury ar camplication which caused					
	ANTECEDENT CAUSES		(B)		ene destribute de se mans d'els de se desse de destribute de de destribute de se destribute de de	***************************************
	DISEASES OR CONDITIONS, if	any, giving	501 10			
	rise to the above cause (A)	slaling lhe	(C)			
Z	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING	G			
ATION	TO THE DEATH BUT NOT RELA		Fracture r	ight femur		
FIC	19A-DATE OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	O 208. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	0			No.	GERMINIO C	
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. hom etc.	ne, lorm, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exoct locotion)
MEDIC	21D. TIME (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
×	OF INJURY (APPROX.)	Wh	ile At Not While			
	20 1			12 17 (10 12	2-14-65
1	22. I certify that (1) (this hospita				17	
	that (1) (we) last saw the decease				of In (my) (our) of	pinion deoth occurred on the dote
	and hour and from the couses sta	ted above, (I	l) (We) (did) (dld not) v	lew the bady ofter deoth.		
	23A. SIGNATURE		AAD ANG	andina - Med -	Stoff	23B. DATE SIGNED
	LOSUP (. fe	rucho	,	ending Med. Director	Stoff Phys.	December 15, 19
	230 PHYSICIAN'S NAME (Type)			23D. ADDRESS		
	Hosue C. Lared	0	MATON VMB.	1 1514 Divisi	on Stillet	
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. 0	ME di CEMETERY of CRI	MATORY 240. L	OCATION (City, lown, or county) (Stote)
	DEC 16 1865	1	INIVERSITY	MEDICAL SC	HOOL	
25A	. DATE REC'D BY HEALTH DEPT	25B. NAME	F REGISTRAR	25C. FUNERAL DIRECTO	V CEDVI	CIC DADDRESS
	DEC 20 1309 (1.63.03	E. Stadeouria	MANTOWN	I SEKYL	CE - BUILD



5	death occurred	Undetermined c	1s in regular c	deceased pri	cition is manda
IMPORTANT	ar his assistant if d Also, if the direct	e af any kind; (4) U	aunced death wa	attendance an the	mand or final dienos
FUNERAL DIRECTOR: IMPORTANT	f medical examiner or medical examiner.	y burns; (3) A fractur	physician wha pran	ian was in regular	James are ambal
FUNE	praved by the chief the hospital by a	any nature; (2) Bad)	(except where the	and (6) Na physici	abtained botore the
	This certificate must be appraved by the chief medical examiner ar his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or cantributin	shaws: (1) An accident af any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined c	was D.O.A. at a hospital (except where the physician wha pranaunced death was in regular c	deceased prior ta death); and (6) Na physician was in regular attendance an the deceased pri	written grantoval must be abtained before the same are embalmed or final disnosition is made

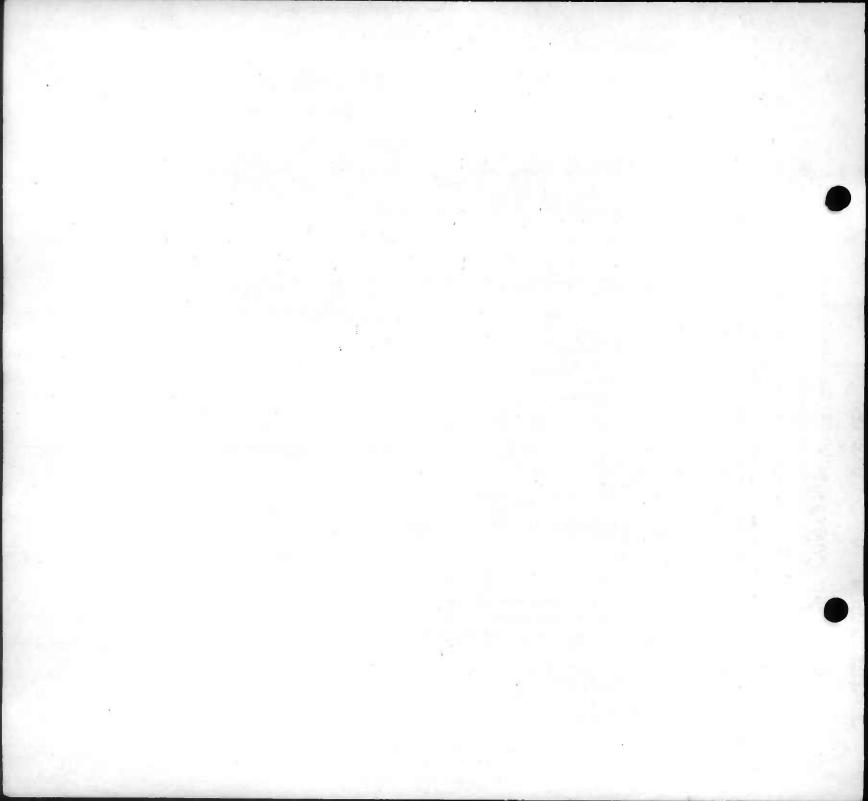
ILAN	b 6 20612 BALTIMORE CI	TY HEALTH DEPARTMENT V OF A SOLAT
2-5 6-E	BIRTH NO. 65 29613 12915 CERTIFIC.	ATE OF DEATH Registered No. 65 12915
eath occurred in a haspital and or cantributing cause of death ndetermined cause; (5) Deceased s in regular attendance on the deceased prior to death. Such ition is made.	I. NAME OF DECEASED (Type or Print) BABY SEWELL 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR Oddress or location) INSTITUTION CUTHERAN HOSPITAL OF HARYLAND 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WILLIAM OF BUSINESS OR INDUST done during most of working life, even if refired)	2. DATE AND HOUR OF DEATH 1 - 27 - 65 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY A. STATE C. CITY OR TOWN (If autside city limits, write RURAL and give township) D. STREET ADDRESS (If rural, give lacation) X: OS FIFT. 3. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 1 - 27 - 6 J 11. BIRTHPLACE (State or fareign country) PALTIMORE MD 12. CITIZEN OF WHAT COUNTRY?
tant if de direct ind; (4) Ueath wa an the	13. FATHER'S NAME JOSEPH U. Sewell 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME ELIZABETH SEWELL WILLIAMS 17. INFORMANT ADDRESS
edical examiner ar his dical examiner. Also, sirns; (3) A fracture af a rsician wha pranaunc was in regular attenmains are embalmed (DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
a a a d a d a d a d a d a d a d a d a d	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? win or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bidgs, INJURY OCCUR?
This certificate must be appraved by the cl the body was released ta the hospital by shaws: (1) An accident af any nature; (2) B was D.O.A. at a hospital (except where tl deceased prior ta death); and (6) Na phy written approval must be abtained before	ond hour and from the couses stoted above. (1) (We) (did) (did not) 23A. SIGNATURE Warea wangelis to M.D. A 23C. PHYSICIAN'S NAME (Type) MARCIA EVAN GELISTA M.D. M.D. A	//- 27-65 6:37/m19 to //-27-65 6:55/2-19 , 19 and that in (my) (our) opinion death occurred on the date



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Such

1.5 20117	BALTIMORE CITY	HEALTH DEPARTMENT	/	05 10010
BIRTH NO. M.E. CASE NO. 65 12916	CERTIFICA	TE OF DEATH	Registered Na	65 12916 Y
1. NAME OF DECEASED			HOUR OF DEATH	
BABY BOY BILINSKI		11-	27-65	2:/5 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	Y	11
FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	C. CITY OR TOWN (If ours	ido city limits, write	RURAL and give township)
LUTHERAN HOSPI	TAC Of		urol, give location)	65-00
MARY LAND	Analysis and	HANOUER 12		141B
WIDO	NEVER MARRIED WED, DIVORCED (specify) WARN	B. DATE OF BIRTH 9	. AGE (In years ost birthdoy)	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND done during most of working lile, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
		BALTIMORE 14. MOTHER'S MAIDEN NAM	MARGRAR	
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	N E	
Aleksander Beli	ns/Li	HELEN A	BILINSKI	Polone
15. Was Decedsed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sorvice	1 6. SOCIAL	17. INFORMANT		ADDRESS
18.762.01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	001	elevent a mais	= 100 . 04	
(This does not mean the made of dying,	e.g., DUE TO	etral anoxia	1	7
heart laiture, osthenia, etc. It means the disectiniury or complication which coused death.)	ose, 5 Kul	eld agoin	, years	
ANTECEDENT CAUSES	(B)			200000000000000000000000000000000000000
DISEASES OR CONDITIONS, il ony, giv	ring			
rise Ia Ihe abave couse (A) stating UNDERLYING CONDITION last.	the (C)			
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES WERE	FINDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED	or which orthanon	UES	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modico) exominer	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 2°C. WHERE DID	/-	e City, give exect locotion)
2	21E, INJURY OCCURRED	21F. HOW DID INJU	IRV OCCUP?	
OF INJURY (APPROX.)	While At Not While	• —	OCCOR:	
	Work At Work			7 10 200
22. I certify that (I) (this hospital) attende				
that (I) (we) last saw the deceased alive of			it in(my) (aur) apl	nian death accurred an the date
and haur and from the causes stated abave 23A. SIGNATURE	e. (I) (We) (did) (did nat) v	view the bady after death.		23 B. DATE SIGNED
h. Signatura	M.D. Atte	anding Med.	Stoff Phys.	
23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	11-27-65
MARE (Typo). MARCIA EVANOSE	M.D.	6UTHERANI	WORD BA	CTIMODE MB
24A. BURIAL CREMATION, 24B. DATE	HAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (C	ily, town, or county) (State)
DEC 16 1965	MINED CITY M	EDICAL SCHO	OL	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	HE OF REGISTRAL	25C. FUNERAL DIRECTOR	DW con-	ADDRESS
DEC 20 1965 (P.C.)	D. A. DESCRIPTION	MUKIUA	KY SERV	ICE - BCHD
VS 150-REV. 1/1/65				



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. A This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

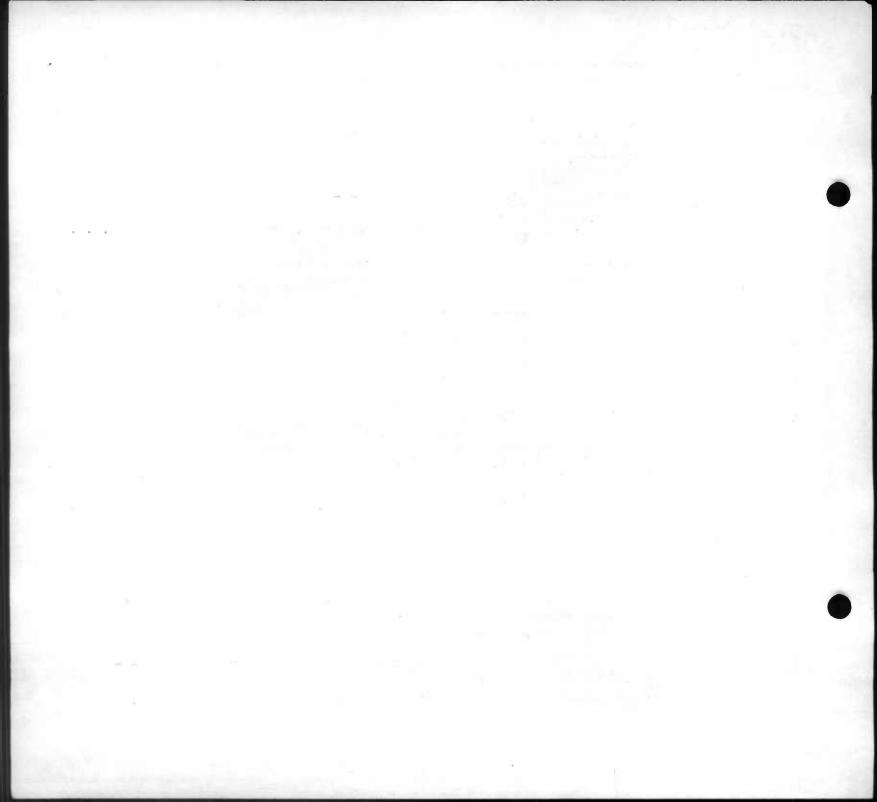
	1.6.130304	BALTIMOR	E CITY HEALTH DEPARTMENT	40047
BIRTH NO.	65 12917	CERTIF	ICATE OF DEATH Registere	d No. 65 12917
M.E. CASE NO. I. NAME OF DI Type or Print)	ECEASED BOY	lan Johnson	December 9, 1	
B. PLACE OF D	Baby of Ros		4. USUAL RESIDENCE (Where deceased live	
FULL NAME HOSPITAL OF	OF (If not in hospital R addiess at locatio	or institution, give street in) ospital	Maryland C. CITY OR TOWN (If outside city limits, Baltimore	write RURAL and give township)
1		Maryland 21217	D. STREET ADDRESS (If rurol, give locot) 2224 Ashburton Avenue	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	
Male	Negro	Single Single	12-9-65	Months Days Hours Min.
OA. USUAL OC	CUPATION (Give kind of world		OUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most	of working life, even if retired)		Baltimore, Maryland	U.S.A.
3. FATHER'S N.	AME		14. MOTHER'S MAIDEN NAME	
Edwa	rd Ellison		Roslyn Johnson	
5. Was Deceas Yes, no or unkno	ed Ever in U. S. Armed For wn) (If yes, give wor or dote	ices? es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
hearf failur injury ar c DISEASES rise la UNDERLYII	LEADING TO DEATH in nat mean the made of e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	any, giving stating the (C)	Julumary Atolog	791,
TO THE	DEATH BUT NOT RELA	ATED TO THE	N 20A. AUTOPSYY (Yog for No) 20B. IF YES,	WERE FINDINGS CONSIDERED
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OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF tify medical exominer)	21B. PLACE OF fNJUR home, loim, foctory, st	Y (e.g., in or about 21 C. WHERE DID (If in Entret, office bldg., INJURY OCCUR?	Boltimore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		21F, HOW DID INJURY OCCUR?	
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23A. SIGNA	Line C	Ruse M.	D. Attending Med. Staff Phys. Director Phys.	12-9-65
23C. PHYSEC NAME	IANS (Type) Lionel Rose		M.D. 1514 Division Street	4 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
24A. BURIAL C	REMATION, 248. DATE		MICHATORY UT HITMA TOCATIONS	(City, town, or county) (State)

24A. BURIAL CREMATION, 24B. DATE 24D NAME STREET, BY CREMATORY OF THE 124D LOCATION (City, fown, or county)

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN

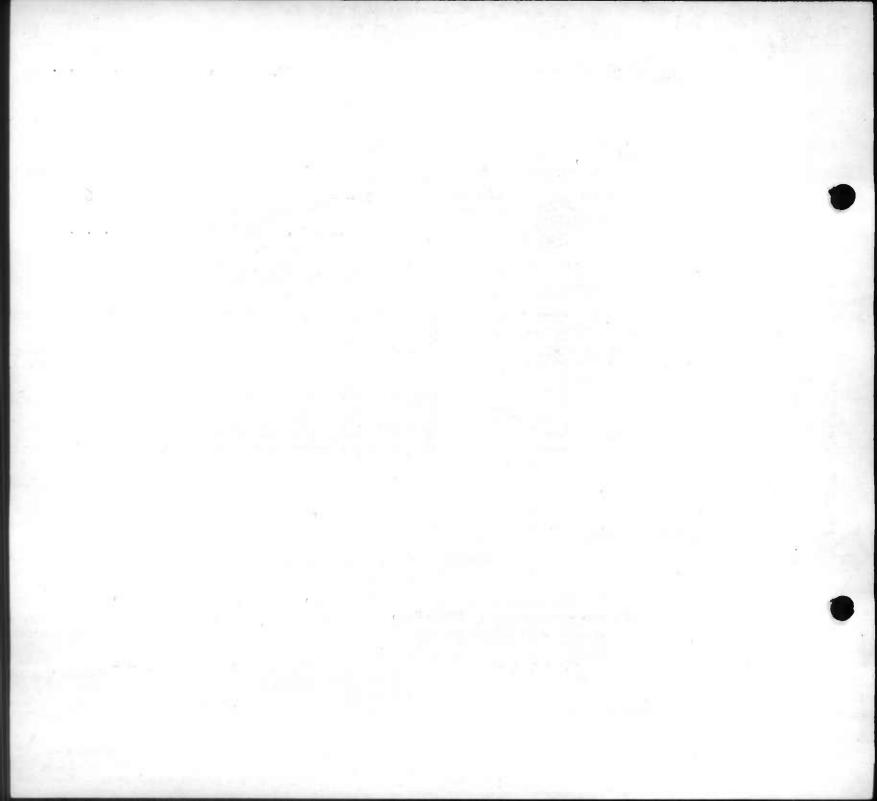
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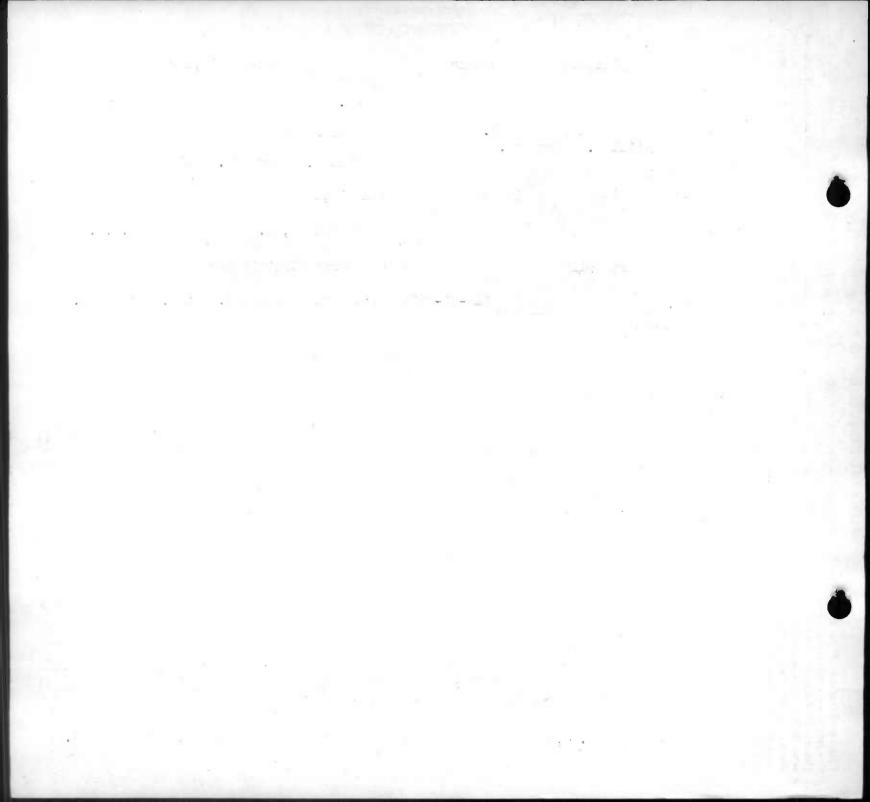


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	AME OF DEC	EASED	b .	ATE OF DEAT	E AND HOUR OF DEAT	н
Тур	o or Print)	Baby of El	No. Linette Small			
3. P	LACE OF DE	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE	Where deceased lived, If	1065 8:05 P.M.
F	ULL NAME C	OF (If not in hospital	or institution, give street	Maryland		13-0
H	OSPITAL OR	Provident Ho	n)	C. CITY OR TOWN	If outside city limits, write	RURAL ond give township)
0		1514 Divisio		D. STREET ADDRESS	(If rural, give location)	
7		Baltimore, M			loyal Avenue	
5. \$1	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. , If Under 24 Months: Days Hours: Min
	Male	Negro	Single	12-5-65	Tost Gillioy,	6
		UPATION (Give kind of working life, even if retired)	108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stoto o	foreign country)	12. CITIZEN OF WHAT COUNTRY?
				Baltimore,	Maryland	U.S.A.
13. F	FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME	
		olph Washing		Elva Lynet	te Small	
S. V	Nos Deceased , no or unknow	Ever in U. S. Armed For	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18.	251	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI				
	(This does	LEADING TO DEATH		nmaturity	***************************************	
	heart failure,	nol mean the made of asthenia, etc. Il means	the disease,			
		mplication which caused	P ₁	lmonary atele	ctasis	
		ANTECEDENT CAUSES				
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BIRTH NO.	65 12919	CERTIFICA	TE OF DEATH Regis	tered No. 65 12	313
M.E. CASE NO					
NAME OF D	DECEASED		2. DATE AND HOUR		150
Type or Print)	Lillieth	Norfolk	December	17.1965	6-1
PLACE OF	DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where deceased		a balasa admiss
. TEACL OF I	DEATH IN BALINIONS, IMAK	The state of the s	A. STATE B. COUNTY		_
			363		7-15
FULL NAME	E OF (If not in hospital o	or institution, give sheet	Md.		7 7 00
HOSPITAL O)	C. CITY OR TOWN (If outside city li	mits, write RURAL and give t	ownship)
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15			Baltimore		
0	2211 W.Roger	's Ave.	D. STREET ADDRESS (If wool, give	locotion)	
			2211 W.Rogers Ave.	27 200	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	yeois If Under 1 Yr. Months: Doys	, If Under 24 I
Female	White	WIDOWED, DIVORCED (specify)	Table 1902 lost birthdo	y) Nonins Doys	Hours Willin
remate	MITT 09	Widowed	July 28,1897 68		
OA. USUAL OC	CCUPATION (Give kind of work	10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	
one during most	ol working life, even if retired)			WHAT CO	UNTRY?
Homema	ke r		Cambridge, Md.	U.S.	A.
				0.00	
3. FATHER'S N	MAME		14. MOTHER'S MAIDEN NAME		
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	Ira Kelly		Sarah Virginia No	run	
	sed Ever in U. S. Armed Forc		17. INFORMANT	ADDR	ESS
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No		s of service) SECURITY Nd. 219-22-4629	The Wesley Home Inc.	2211 W.Rogers	Ave.
18. 42	211	CAUSE	OF DEATH		AL BETWEEN
				ONSET	AND DEATH
DISE	EASE OR CONDITION DIRE	ECTLY A	0 6		
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injury or o	complication which caused	death.)	uie-schroti cardio-		
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DEATH (no	otify medical examined	etc.)			
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that (1) (4	(6) last saw the deceased	d glive on 14 Nerus	ubr 19 65 and that in (my)	(our) apinian death acc	useed on the
(1) (8		will will and a second and a second and a second	water in (my)	foor) ahinian again acc	orred an the
and hour			ulaw the hady ofter death		
	and from the causes state	ed above (H) (We) (did) (did)			
23A. SIGN A		ed abave. (H) (We) (did) (did nat)	view the body diter decim.		
23/11/31/014/		ed abave. (H) (We) (did) (did nat)	view the body offer decin.	23B. DATE SIGN	ED
23/11/31/014/				23B. DATE SIGN	IED
23/1/3/01/7		mala M.D. Al	tending Med. Stoff	23B. DATE SIGN	Le 65
	John N Ba	mala M.D. Al	tending Med. Stoff Phys.	23B. DATE SIGN) Le 65
23 C. PHYS10	John N Ba	mala M.D. Al	tending Med. Stoff	23B. DATE SIGN / 8 / 2) Le 65
23 C. PHYS10	John N Ba	mala M.D. Al	tending Med. Stoff Phys.	23B. DATE SIGN) Le 65
23 C. PHYS10	John N Ba	mala M.D. Al	tending Med. Stoff Phys.	23B. DATE SIGN 18h Salturore Md 2	1213
23C.PHYSIC	John N Ba CIANS ECTYPO TO AN WBA	ernaly M.D. AI	tending Med. Stoff Phys. Director Phys. D	Pallemoie Md 2	1213
23C. PHYSIONAMI	John N Ba CIANS ECTYPO TO AN WBA	mala M.D. Al	tending Med. Stoff Phys. Director Phys. D	23B. DATE SIGN 181 2 Muroie Md 2 (City, town, or count	1213
23C. PHYSINAMI	Folia N B a CIANS E(Type) FOR H W B B CREMATION, 24B. DATE	PNABY M.D. APPH	rending Med. Stoff Phys. 23D. ADDRESS 1531 & Morth Corell REMATORY 24D. LOCATION	Sattemore Md 2 (City, town, or count	12/3 (Stole
23C.PHYSION AMI	Tour N B a CIANS ECTYPE OF AN WBA CREMATION, 24B. DATE 1 Dec 20,1	PN ABY M.D. AIP Ph 24C. NAME of CEMETERY of CI 2965 Lorraine Cemete	tending Med. Stoff Phys. 23D. ADDRESS 1531 C Morth Coreft REMATORY 24D. LOCATION WOOD	Saltenione Md 2 (City, town, or count	1213 y) (Stone
23C.PHYSION AMI	Tour NO A CLANS ETType LAN WIR CREMATION, 24B. DATE L (Specify) Dec 20,1 CD BY HEALTH DEPT.	PNABY M.D. APPH	rending Med. Stoff Phys. 23D. ADDRESS 1531 & Morth Corell REMATORY 24D. LOCATION	Saltenione Md 2 (City, town, or count	12/3 (Stole
23C.PHYSION AMI	Tour NO A CLANS ETType LAN WIR CREMATION, 24B. DATE L (Specify) Dec 20,1 CD BY HEALTH DEPT.	PN ABY M.D. AIP Ph 24C. NAME of CEMETERY of CI 2965 Lorraine Cemete	tending Med. Stoff Phys. 23D. ADDRESS 1531 C Morth Coreft REMATORY 24D. LOCATION WOOD	Saltenione Md 2 (City, town, or count	1213 y) (Stone
23C.PHYSION AMI NAMI 24A. BURIAL C REMOVA Buria.	Tour N B a CIANS ECTYPE OF AN WBA CREMATION, 24B. DATE 1 Dec 20,1	PN ABY M.D. AIP Ph 24C. NAME of CEMETERY of CI 2965 Lorraine Cemete	tending Med. Stoff Phys. 23D. ADDRESS 1531 C Morth Coreft REMATORY 24D. LOCATION WOOD	Saltenione Md 2 (City, town, or count	1213 y) (Stote Md.
23C.PHYSION AMI	Tour NO A CLAYS ETTYPE LAN WIR CREMATION, 24B. DATE L. (Specify) Dec. 20, 1 CD BY HEALTH DEPT. DEC 20 1965	PN ABY M.D. AIP Ph 24C. NAME of CEMETERY of CI 2965 Lorraine Cemete	tending Med. Stoff Phys. 23D. ADDRESS 1531 C Morth Coreft REMATORY 24D. LOCATION WOOD	Saltenione Md 2 (City, town, or count	1213 y) (Stone



BALTIMORE CITY HEALTH DEPARTMENT	10000
BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered N.	65_12920
TI, NAME OF DECEASED (Type or Print) Florence EILAU BAMBERGER 2. DATE AND HOUR OF DEAT DEC. 18 19	91519:004
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II	institution: residence before admission)
INSTITUTION	RURAL ond give township)
UNION MEMORIAL HOSP. BALTIMORE D. STREET ADDRESS (If rurol, give location) The MARIBOROUGH 1	Aprs - EviawPlacetw
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years wide wide by the bloom of the bloom below the bloom below to be brighted by the bloom below to be brighted by the bloom below to be brighted by the bloom below the	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
WHITE NEVER MARRIED 10/19/1886 790	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE or loreign country)	12. CITIZEN OF WHAT COUNTRY?
PROFESSOR EDUCATION MARYLAND	U.S.A.
13. FATHERS NAME	
HNSEL BAMBERGER HANNAH KILAT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	0
CAUCE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (A) MYOCARDIAL INFARCTION	ON 3-4 HRS.
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. 11 means the disease,	
ANTECEDENT CAUSES ANTECEDENT CAUSES (B) HYPERTENSIVE ARTERIOSCL EROTION OF THE PROPERTY OF T	10 YEARS
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	
II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ASTHMATIC BRONCHITIS	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION [20A. AUTOPSY? (Yes or No.)] 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	nore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
S OF INJURY (APPROX) While At Not While At Work	
22. I certify that ((this hospital) attended the deceased from DEC . 10 19 65 to D	FC. 18 1965.
that ((we) last saw the deceased alive an DEC, 18 19 65 and that In((aur) c	
and haur and from the causes stated above. (We) (did) (did not) view the body after death.	
23A. SIGNATURE	23B. DATE SIGNED
M.D. Allending Med. Siofl Phys. Siofl Director Phys.	Dec. 18,1965
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
L. Evan Custer 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	
Cremation 12/20/65 Greenmount Baltimore, 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	Maryland
	no North + Pa avad
VS 150-REV. 1/1/65	77-7-7-0

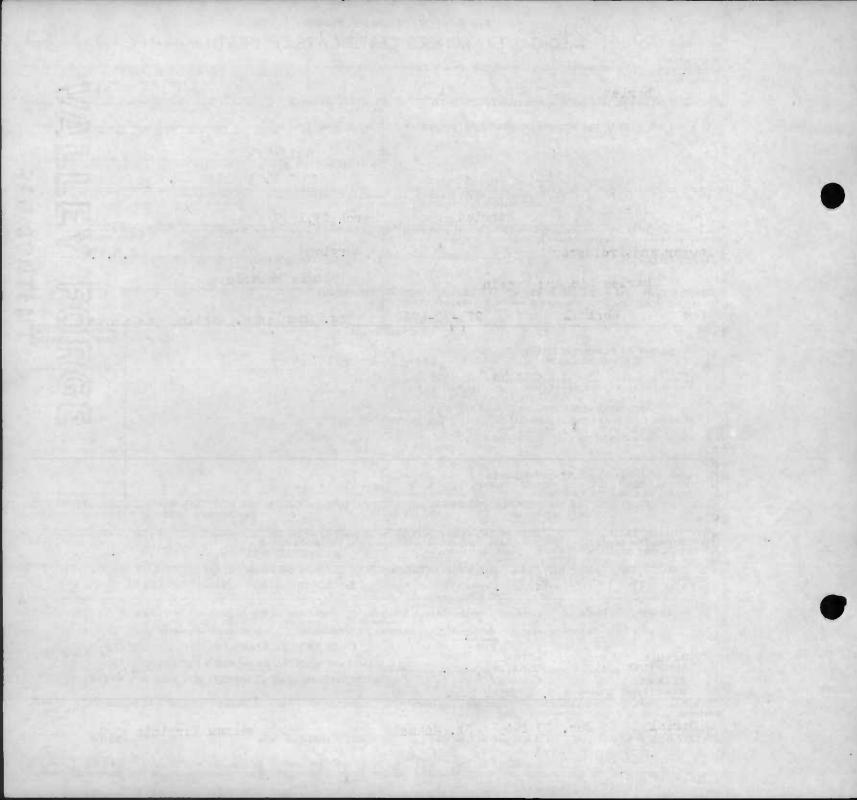
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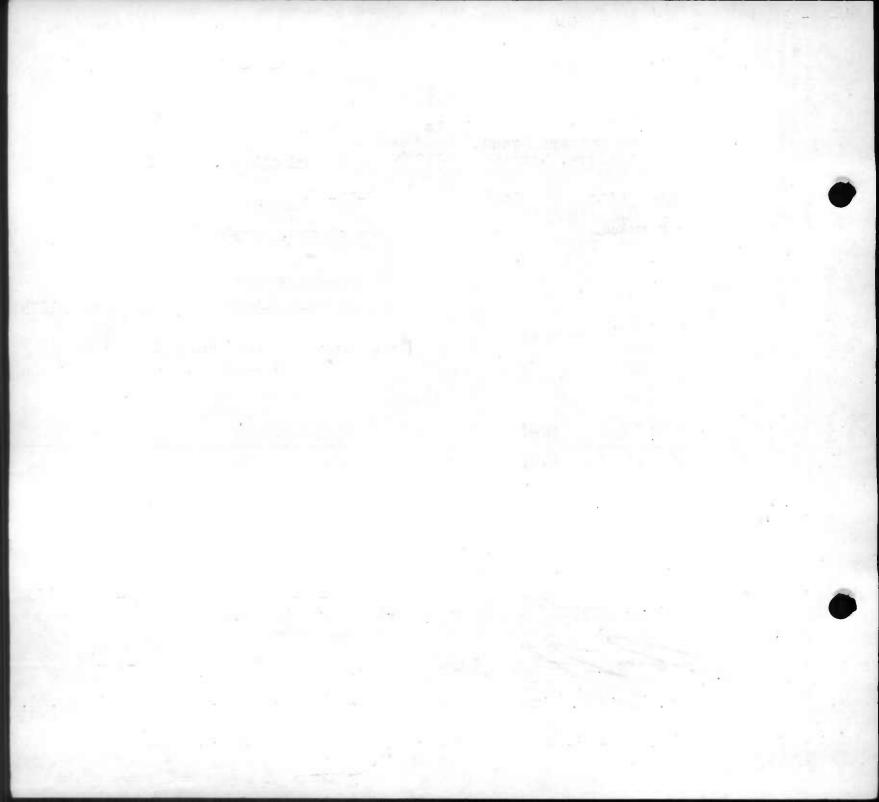
24C. FUNERAL DIRECTOR

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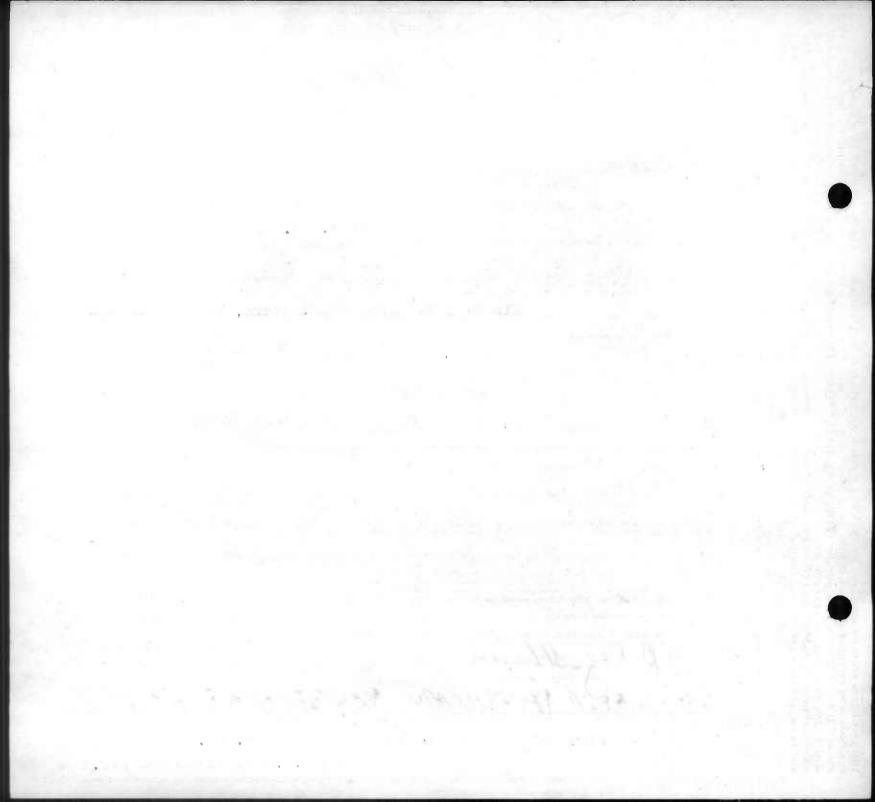
248, NAME OF REGISTRAR

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VS 150-REV. 1/1/65



	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 40004
BIRTH NO. 65 12924	CERTIFICA	ATE OF DEATH	Registered Na	65 12924
N.E. CASE NO.	1	2, DATE AN	ND HOUR OF DEATH	
Type or Print) SHIPP	Y. WILLI	AM la	117/65	19:20 P
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admissi
FULL NAME OF (If net in hespital or institu	tion, give street	Maryland		23-0
HOSPITAL OR eddress er locetien) TNSTITUTION			tside city limits, write !	RURAL end give township)
3		Baltimore		
South Baltimore General	11 :+0		rutol, give locotien)	+
	RIED, NEVER MARRIED		oss Stree	
	OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 108, KIN	Plarried OF INDUSTR	Y 11, BIRTHPLACE (State or fore	78	A CONTRACTOR OF
ene during mest of working life, even if retired)	D OL BOSINESS OK INDUSTI	C A A	ign country)	12. CITIZEN OF WHAT COUNTRY?
rongs have mun - Refired			nw	1/1SA1
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Jerry Shippy		Phyllis Day	wKins	
5. Was Deceosed Ever in U. S. Armed Forces? es, ne er unknewn)(If yes, give wer or detes ef sen	16. SOCIAL SECURITY NO.	17. INSORMANT		ADDRESS
, , , , , , , , , , , , , , , , , , , ,	JECOKIII NO.	EL WEASE.	SHIDDY 1	36 W. CROSS ST
18. 5- 0 A DL	CAUSE	OF DEATH	- 11.71	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) M	ESE HICKICO THROPBOS		19 HRS
(This does not meen the mode of dying, heart foilure, asthenia, etc. It means the dis		THROMBOS	/7	
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, g	iving			
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	lhe (C)	**************************************		on mentir (• 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Ш				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
u (//)		163	1	16-3
21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., heme, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Beltimere	City, give exect lecetion)
DEATH (netify medical examinar)	etc.)			
21D. TIME (Menth) (Dey) (Year) (Heuri	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Net Will Nork At Wes	nile		
22. I certify that (I) (this hospital) attend		17 11 6	19 63 10 /7	17 10 65
that (\$) (we) last saw the deceased alive	12 12	. / /		
			at interp (aur) opi	nion death accurred an the
and haur and from the causes stated aba	ve. (1) (we) (did) (did to 1)	view the bady after death.		23B. DATE SIGNED
(1) 1) 1	M.D. A	ttending Med.	Stoff -	23B, DATE SIGNED
They A Hold		ys. Director	Phys.	11-17-65
23C. PHYSICIAN'S NAME (Typel		23D. ADDRESS	1 0	
EDWARD S. HOFF	MAN M.D	1213 hight &	st. Balto	. Md 21430
4A. BURIAL CREMATION, 24B. DATE 20	C. NAME of CEMETERY et C	REMATORY 240. L	OCATION (Ci	ty, town, or county) (Step
Burial 12/22/6	my aulu	ru _ to	3004	me.
SA. DATE REC'D BY HEALTH DEPT. 25B. NA		250. FUNERAL DIRECTOR	- Com	ADDRESS
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EDWARD S HOFF MAN

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 12:45 4. USUAL RESIDENCE (Where deceased lived. A. STATE 8. COUNTY tf institution: residence before admission) OR TOWN (If outside city limits, write RURAL give township) (If rutol, give location) N. Fulton 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ADDRESS 6. SOCIAL SECURITY NO. OF DEATH INTERVAL BETWEEN ONSET AND DEATH

3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) University Hospital 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. done during most of working life, even if retired) 13. FATHER'S NAME Robert Perkins 15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ssive Collapse, Left Lung ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notily medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) Work 22. I certify that (1) (this hospital) attended the deceased from //-/that (We) last saw the deceased alive an.... and that in (ay) (aur) opinion death accurred an the date and haur and from the causes stated above. (1) (We) (dld) (did not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Director M.D. Stolf Phys. Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)

65 12925

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

(Type or Print)

made. isposition T final 0 embalmed Gre the remains before obtained must written approval HEALTH DEPT. 25B. NAME OF 25CAFUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DEC. 18, 1965 JULIA LILLEY 7,30 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND MARYLAND FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If autside city limits, write RURAL and give township) BALTIMORE UTHERAN HOSPITAL OF MARYLAND D. STREET ADDRESS (If rurol, give locotion) 2908 OAKHILL AVE. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. 5. SEX 6. RACE WIDOWED, DIVORCED (specify) last birthday) Hours 201881 WHITE FEMALE Widowed 2. CITIZEN OF 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (Stote or foreign country) WHAT COUNTRY? dane during most of working life, even it retired)
HOUSWITE own home Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James O. Holbrook Eiler 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war ar dates af service) SECURITY NO NO NO 16.09.9473A Mr. Seth Holbrook 7307 Blair Rd. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH FAILURE CONGESTIVE HEART DAYS (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury of complication which coused death.) HYPERTENSIVE CARDIO-VASCULAR YEARS ANTECEDENT CAUSES DISEASE DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION Iosi, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Na) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact lacotion) 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID home, farm, foctory, street, affice b(dg., INJURY OCCUR? DEATH (natify medical examined atc.) 21D. TIME (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Wark At Work 19 65 19 65 22. I certify that (I) (this hospital) attended the deceased from 65 PEC. 18 19 that (I) (we) lost sow the deceased alive on... ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter deoth. 23 B. DATE SIGNED

23A. SIGNATURE 23C. PHYSICIAN'S

65

Attending Phys. 23D. ADDRESS

Staff Phys. Director

24D. LOCATION

DEC. 18, 1905 OF MARYLAND

M. COTZONEL, M.D. M.D.

25 MANE OF REGISTIAR

LUTHERAN ASHBURTON 730

Med.

HOSPITAL BAUTO MD. 21216

(City, tawn, or county)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

NAME (Type)

DANILO

DEC 20 1965

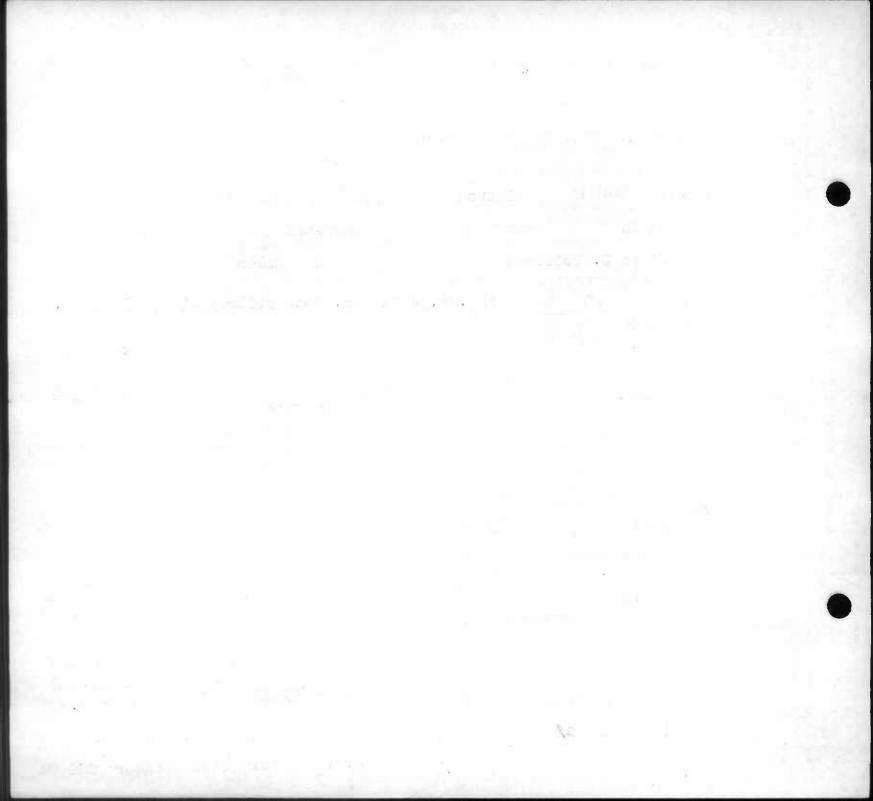
Druid Ridge

24C, NAME at CEMETERY of CREMATORY

Pikesville. Maryland

25C. FUNERAL DIRECTOR .Stansbury 6411 Windsor Mill Rd

VS 150-REV. 1/1/65

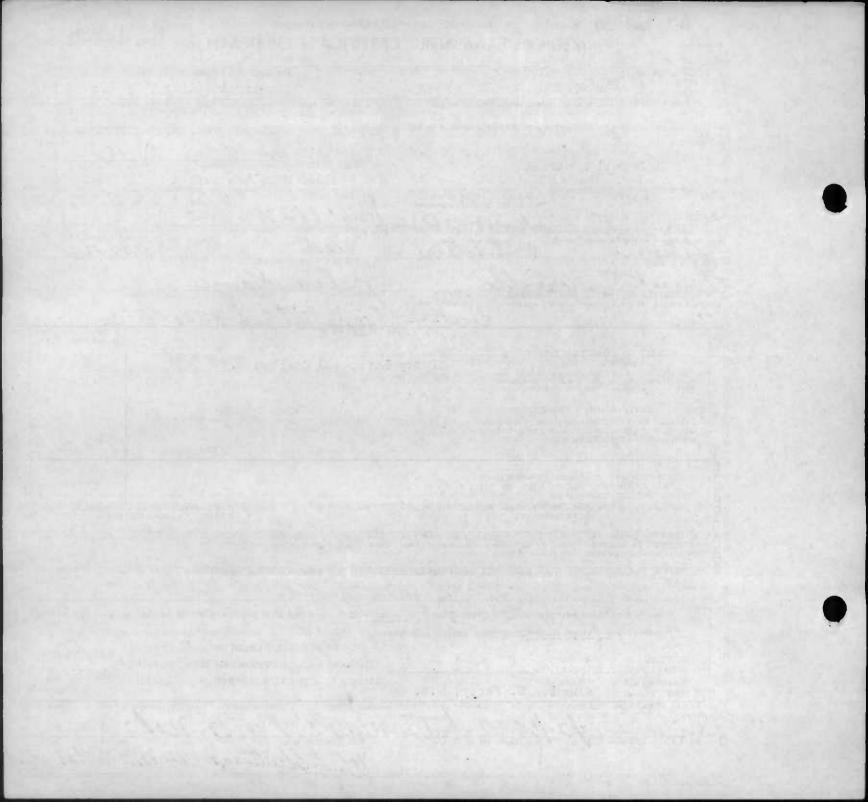


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

				BALTIMORE CITY	HEALTH DEPARTMENT		
	NO.	65 12	927	CERTIFICA	TE OF DEATH	Registered No	5 12927
1. NA	ME OF DECEAS		GILE	e VERONA 2	ZOELLER 2. DATE	12-16-6T	H
3. PL		IN BALTIMORE, MA			4. USUAL RESIDENCE (V		institution: residence before odnission)
H	JLL NAME OF OSPITAL OR ISTITUTION	oddress or location CAWRCH BALIIA	HOM	E Y HUSPITAL	BALTINGA D. STREET ADDRESS	outside city timits, write Company (If rurol, give location)	RURAL ond give township)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			8x16 NOF	HVIEW	Pd. 21222
5. SE	FEMALE	WHITE	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify) ELLE D	2-3-1900	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
		TION (Give kind of worl king lile, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	_	Housev	ife		REDUCE	564	USA
13. F	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	WILLI	4H T170.	S		MAGGIE	FISK	
15. W	as Deceased Ev	er in U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No No	None	s of service	215-07-4168		Wm. J. Zoell	er, #4,a,b,c.d.
ATION	DISEASES OR ise to the UNDERLYING O OTHER SIGNIFIC TO THE DEA DISEASE OR CO	TECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last. II ANT CONDITIONS CITH BUT NOT RELANDITION CAUSING	any, givin stating th CONTRIBUTI STED TO 1	e (C) ME		af and Lung	
ERTIFIC	A DATE OF OF	VERATION 198. CON		WHICH OPERATION	YES		E FINDINGS CONSIDERED AUSES OF DEATH?
7		WAS UNDERLYING CAUSE OF edicol exominer	h	B. PLACE OF INJURY (e.g., ir ome, form, foctory, street, af c.)	or obout 21 C. WHERE DIC fice bldg., INJURY OCCUR	(If in Bottime	ore City, give exoct location)
MEDI	21 D. TIME (A OF INJURY (APPROX.)	Month) (Doy) (Year)	V	E. INJURY OCCURRED /hile At Not While /ork At Work		NJURY OCCUR?	
1	that (1) (we) la	st saw the decease) attended ad alive an	the deceased from	12 - 15 - 19 65 and	that in (my) (aur) a	plnian death accurred an the date
2	3A. SIGNATURE	a Tu	ler	Phy	ending Med.	Stoff Phys.	23B. DATE SIGNED
	BURIAL CREMA REMOVAL (Special Burial	TION, 248. DATE		NAME of CEMETERY OF CRE	MATORY 240		City, town, or county) (Stote) Ave. Balto. Md. 212
25A.	DEC 20			OF REGISTRAN	JOHN J. BUL	FOR	Ave. Dundalk, Md.
/S 1	50-REV. 1/1/65		1. 3			1	

440 BALTICHORE HIS BY TO STREET, 59 ON F-8 4 04220-07 WILLIAM TITES 446615 A 1 AX

MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 12328
M.E. CASE NO.	
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
Type or Print FRANCIS KANE	December 16, 1965 7:25 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give tewnship)
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	C. CITI OK 10 WIG (III doising corporate limits, while kokat and give lewiship)
A	Baltimore
1326 McCulloh Street	D. STREET ADDRESS (II rurel, give locotion)
	1326 McCulloh Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Menths, Deys Hours Min.
Male Negro Widowed, Divorced (specify)	June 1. 1923 lest birthdoy) Menths Deys Hours Min.
OA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR	VII. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	rued. A H
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Frank C 11.	Jalia V.
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	MILIA MANIE ADDRESS
res, ne er unknown, Ilf yes, give wor or dotes of service) SECURITY NO.	The state of the s
200 Justin	Vilinge Watchill 3516 Clitter Cive.
	OF DEATH INTERVAL BETWEEN
58114	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH E'at tax	Times and Cimples is
(This does not meen the made of dying, e.g.,	Liver and Cirrhosis.
heart failure, asthenia, etc. It means the disease.	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exect lecotion)
UNDERLYING OR CONTRIB- home, lerm, fectory, street,	office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Dey) (Yeer) (Heur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE
m. WORK LAT V	VORK
22. I certify that I held an Ingulry Inspection Au	tapsy 🔀 and that an this basis, death in my apinian
resulted fram: Natural causes 🔀 Accident 🔲 Suicid	Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE () Calle 5 Tata M.D	ASSISTANT MEDICAL EXAMINER X
EVAMINED'S	ASSOCIATE MEDICAL EXAMINER 12/17/65
NAME (Type) Charles S. Petty, M.D.	VAAAOLU LE WENIAME EVUWILLEN
3A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY	er CREMATORY 23D. LOCATION (City, town, er county) (Stote)
REMOVAL (Specily)	an op in at sil
Dunal 1421/65 artylus Y	Wen, 11, 1 Daste, Will
24A. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	11/2 Ideletwanh- 1701 Mr. Cullon 57
	M. M. Museum
VS 151-REV. 1/1/65	500

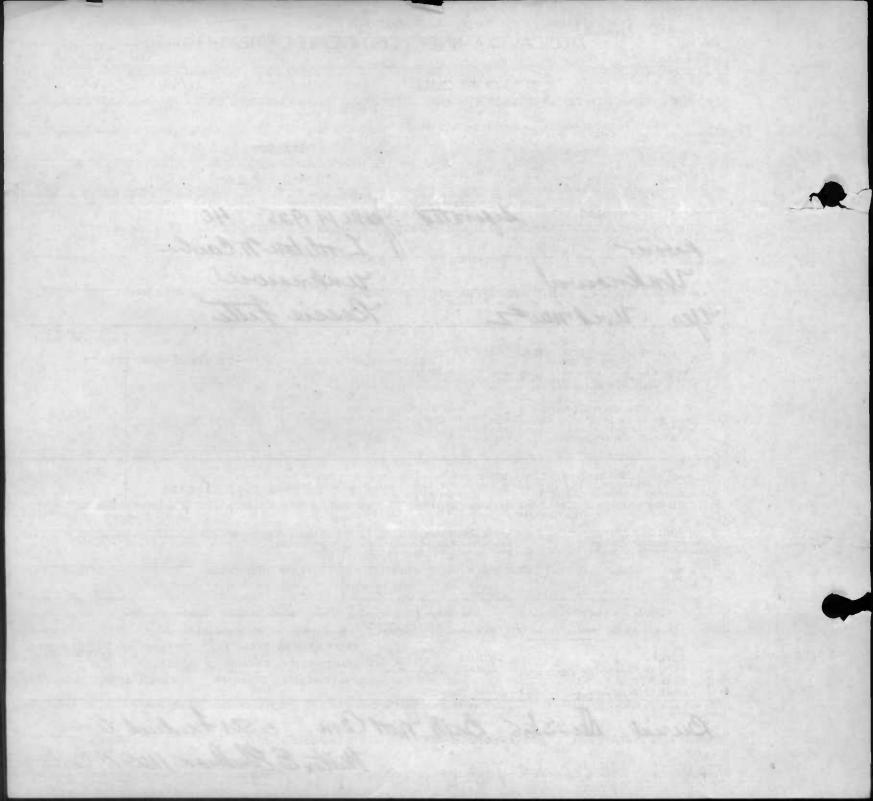


		BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	49090
	E. CASE NO.	29	DATE AND	D HOUR OF DEATH	LESES
	pe or Print) ALICE K	ING.		8-65 B	5:35 AM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If institut	ion: residence before admission)
	FULL NAME OF (If not in hospital or institu	tion, give street	MARYLAND BA	LT MORE GT side city limits, write RURA	Y
	1 JOHNS HOPKINS	Une O TON	~	- 71212	L prid give rownship)
7	3 - 4 CHING ITOPKING	7007 11176	DALTIMURE D. STREET ADDRESS (If I	ural, give location)	
			1407 FED 1	C- (7-09
5.		RIED, NEVER MARRIED OWED, DIVORCED (specify)	8 6 / 13	ost birthday) 5-2	Under 1 Yr. If Under 24 Hrs. Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig	in country) 12	CITIZEN OF WHAT COUNTRY?
1	Districtant		Crewe 1	Vegenia	THE COUNTRY
113.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE /	
	HENRY DANIELS		YIM RA	raun	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1	ADDRESS
1116	The state of the s	SECURITY NO.	Ful time		
-	11B. 1 7 44 V	CAUSE C	F DEATH	9	INTERVAL BETWEEN
	1 / / 7 / X	CAUSE	T DEATH	1	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	171	. T 1.		
	(This does not mean the mode of dying,	e.g., DUE TD	manic showing nix	\	**************************************
	hearl foilure, asthenia, etc. Il means the dis-			0	dx since
	injury or complication which caused death,)	in M.	red Messabemal	Types of	8-22-65
	ANTECEDENT CAUSES	DUE TO		112-015	
	DISEASES OR CONDITIONS, if ony, g		which the los	1120)	
	UNDERLYING CONDITION lost.	(0)	1100 0 3		#177A g = 2A A 4 4 24 7 7 24 4 4 4 4 4 4 4 4 4 4 4 4 4
	l l		1 Decil	DETELATI	
Z					
ATION	DISEASE OR CONDITION CAUSING IT.	THE Kenerl	tailine		10 days
		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		INGS CONSIDERED
ERTIFIC	WAS PERFORMED		No	IN CERTIFYING CAUSES	OF DEATH?
Ü	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimore City	y, give exact location)
AL A	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, lorm, foctory, street, o	office bidg., INJURY OCCUR?		
EDIC		21E, INJURY OCCURRED	21 F. HOW DID INJU	IBY OCCUP?	
ME	OI MAJORI	While At Not Whi		JKI OCCOK:	
	(A PPROX.)	Work At Work			
	22. 1 certify that (1) this hospital) attend	ded the deceased from	12-9- 1	965 10 12-	18 1965-
	that (1) (we) last sow the deceased olive	on 12-17	19 64 ond the		
	and hour and from the couses stated aba	A A			
	23A. SIGNATURE		ine oddy unter dedill.	23E	, DATE SIGNED
	- 1 Caper VIII	M.D. AH	ending Med.	State deal	
	Jedim III	1 / May Phy		Phys. A	2-18-65
	23C. PHYSICIAN'S NAME (Type)	1.	23D. ADDRESS	11	
	DN. STEPHEN MIKE	ANZ M.D.	JOHNS MORKI	NS HOSPITA	
24	A. BURIAL CREMATION, 24B. DATE 2.	C. NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (City/to	own, or county) (State)
-	Bloggad		10%	10,100 7/1	ken !!
25	A. DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	and on	ADDRESS
	DE - 0 0 1005 A A	4 9 3	2.10	11. lane 114	1200
1/5	DECZU 1965 () C. A. R.	TO MAN TO STATE OF THE PARTY OF	yours, a	11000y 112	TIL MACEST



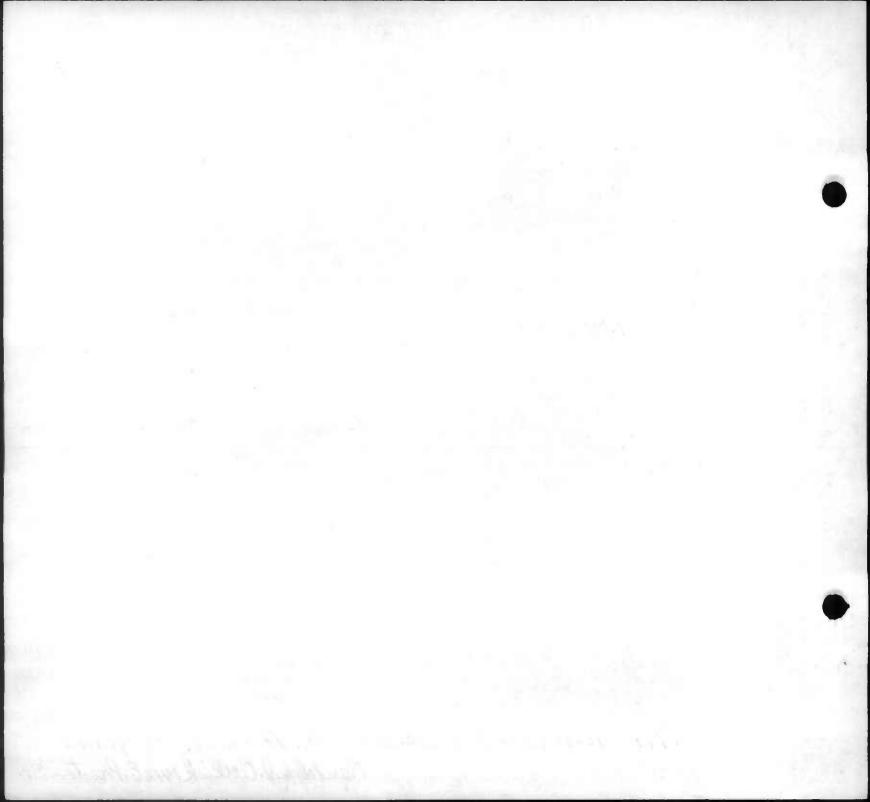
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-		1	1	1 %	
)	Oppose	5	-79	(1
				100	

65 12930 BALTIMORE CITY HEAD	TH DEPARTMENT								
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DE	ATH Registered No.							
M.E. CASE NO.		00 12300							
1. NAME OF DECEASED	2. DATE AND F	OUR PRONOUNCED DEAD							
JOHN RAYMOND SMALL		12/18/65 1:30 p.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Marvland B. COUNTY								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET									
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltinore								
	D. STREET ADDRESS (If rurol, giv	re locotion)							
1826 E. Madison St.	1826 E. Mad	ison St.							
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.							
male colored WIDOWED, DIVORCED (specify)	hine 14 1925	Nonths Doys Hours Min.							
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign c								
done during most of working life, even if retired)	1 Hotelson V	Caelers WHAT COUNTRY?							
13, FATHER'S NAME	14-MOTHER'S MAIDEN NAME	, carry							
91 6		/							
Menowa	Unknow								
(Yes, no or unknown), (If yes, give wor or dotes of service) 16. SO CIAL SECURITY NO.	17. INFORMANT	ADDRESS							
Men The land to	7.20.10, fr	1/,							
yes weamer 2	receive pu	W I I I I I I I I I I I I I I I I I I I							
CAUSE	OF DEATH	ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY									
11 (A)	spontaneous intra	-cerebral hemorrhage							
heart foilure, ostherro, etc., threeons the disease, injury or complication which caused death.)	does not mean the mode of dying, e.g., DUE TO oliuse, asthento, etc. tt means the disease, or complication which caused death.)								
ANTECENDENT CAUSES	ANTECENDENT CALISES								
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO									
RISE TO THE ABOVE CAUSE (A) STATING THE									
UNDERLYING CONDITION LAST.									
0									
E CAMPAGNATION CONTRIBUTIONS									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION WAS PERFORMED	nsive cardiovascul	ar disease							
19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION									
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	0								
21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in	n Boltimore City, give exact location)							
ZID TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?							
OF INJURY									
(APPROX.) WHILE AT NOT AT W	WHILE OF THE PROPERTY OF THE P								
22. 1 certify that I held an Inquiry Inspection Au	tapsy and that an this	basis, death in my aplnian							
resulted fram: Natural causes X Accident Suicid	Hamicide Und	letermined manner							
	CHIEF MEDICAL EXAM								
ACTUAL LICE		DATE SIGNED							
SIGNATURE 100 910 10 100 M.D.	ASSISTANT MEDICAL EXAM								
EXAMINER'S	ASSOCIATE MEDICAL EXA	MINER . 12/19/65							
NAME (Type) Werner U. Spitz, M.D.									
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. LOC	ATION (City, town, or county) (Stote)							
12111110 1612311 C MOA MA	d Cem, 55	OI trobuil Cose							
24Å. DATE REC'D BY HEALTH DEPT. /24B, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR	ADDRESS							
	MARL GE	7.11 11-09 0 0.0							
DEC 90 1965 00 10 7 0	Miller G. Ch	excess 112411, Custing of							
VS 151-REV. 1/1/65	5 1 0								



DEC 20 VS 150-REV. 1/1/65

			() () () ()	BALTIMORE CITY	HEALTH DEPARTMENT					
11	RTH NO.	65 1	2931	CERTIFICA	TE OF DEATH	Registered No.	65 12931			
1.	NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH				
1	ype or rnnti _	Perfie Lee Hayes				center 15,1	1965 1 4:37 PM			
3.	PLACE OF DEA	PLACE OF DEATH IN BALTIMORE, MARYLAND					stitution: esidence before admission)			
	FULL NAME O HOSPITAL OR INSTITUTION					C. CITY OR COWN (If outside city limits, write RURAL and give township)				
11/	14.	1 1 1 1 1 2016			Baltimore					
	Maryla	Maryland General Hospital				D. STREET ADDRESS (If rurol, give location) 1565 Carswell St.				
5.	Mele Negro		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		B. DATE 25 BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yı. If Under 24 Hrs. Months: Doys Hours Min.			
					11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF			
	Steelwor		Beth	behem Steel	1404 1.	rolinia	WHAT COUNTRY?			
13	FATHER'S NAM	AE			14. MOTHER'S MAIDEN NA	4.4				
	John	Hayes			Mary Me	orlly				
15	. Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4	ADDRESS			
11.	No	Till yes, give wor or dole	s of service/	217-01-0365	Mr Radia	Hayes 156	5 Carenall St			
-	18. // /	5 Y 41-11.	> \/	CAUSE O	The Delite	11 mg 2 7 5 0	INTERVAL BETWEEN			
	DISEAS	E OR CONDITION DIR	ECTLY			ONSET AND DEATH				
Ш		LEADING TO DEATH		(A) Car	diac Arrest	24 minutes				
		(This does not mean the made of dying, e.g., DUE TO								
		heori failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)								
1	-	ANTECEDENT CAUSES (B) Transcriptor Head Company of the Company of								
	DISEASES C	R CONDITIONS, il	ony, giving	002 10	. 11 000 1.	11-5-1				
	rise to the above cause (A) stating the (C)				Will Constitution	e Hear	time Unknown			
	,			Car	Carrow d	D Cune				
ATIO	DISCASE OR CONDITION CADSING III.				etes Mellit	us - reden	thy discovered			
PTICIO	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or h	10) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
14	218. PLACE OF INJURY (e.g., in or obout 218. WHERE DID Boltimore City, give exact locotion)									
1 2		(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?				
OF INJURY While At Not While										
	22 1	that (1) (this hospital	Wo do do do		12/14	1965 to	13/10-15			
	1	19 19								
that (1) (we) last saw the deceased alive on										
11		and haur and fram the causes stated above. (1) (We) (did) (did not) view the body after death.								
	23A. SIGNATU	lizal de	unde	M.D. Atte	ending Med.	Stoff Phys.	23B, DATE SIGNED /2/15/65			
	23C. PHYSICIA NAME (T	N'S ()	00.		23D. ADDRESS	1	1 18 11			
		ElIJAH -	SMIV	DERS M.D.	MAYMAN	if General	HOSPITA/			
24	REMOVAL (S	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY J 24D.	LOCATION (Ci	ty, town, or county) (Stote)			
25	Buria A. DATE REC'D	12-20- BY HEALTH DEPT.	25B. NAME C	butus 10 em	25C FUNERAL DIRECTO	nbutus,	Manyland			



	65	12932	1	BALTIMORE CITY HEAT	LTH DEPARTMEN	Т		55 1	2932
BIR	TH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICAT	E OF D			~000
M.	E CASE NO.								
1. (Ty	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
				GRISINGER		12-12			M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission) A. STATE B. COUNTY Maryland				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)				
n	0 2	5 N. EAST AVE	MITE		Baltimon		76	10	
1		O M. FURT WAR	MOE		D. STREET ADDR				
5	SEX	6. RACE	17 AA ADDIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	I f I lado	1 Yr. If Under 24 Hrs.
	MALE	White	WIDOWED, I	PC CO	JAN 23,	10.00	last birthday	Manths	Days Haurs Min.
IOA. USUAL OCCUPATION (Give kind of wark OB. KIND OF BUSINESS OR INDUSTRY done during most of warking life, even if retired)				RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY					
	FATHER'S NAM				14. MOTHER'S MA	AIDEN NAME		1	
	SAMU	e/ L. 6R	1SINO	SER	EdNA Holloway				
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	/ / .		ADDRESS	
10	No	ntil yes, give wor or date	s of service)	SECORITI NO.	MRS. FLAGNA 164 N. POTOMAC ST.				
	18. 4.90	X		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY						
LEADING TO DEATH (This does not meon the mode of dying e.g., head failure, asthenia, etc., it means the disease, injury or complication which caused death.)									
	DISEASES RISE TO TH	ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING	(B)DUE TO		•••••			000000000000000000000000000000000000000
z		NO CONDITION CASI.		(C)		*******	***************************************		
은		il							
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CIrrhosis of liver DISEASE OR CONDITION CAUSING IT.								
CERT	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				Partial		20B, IF YES, WERE FIN IN CERTIFYING CAUSI Yes		
EDICAL	UNDERLYING UTING CAU	CAUSE WAS OR CONTRIB-	21 B. hame etc.)	PLACE OF INJURY (e.g., form, factory, street,	in ar about 21C. W	HERE DID (e exoct loc	otian)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Yeor	V	TE. INJURY OCCURRED WHILE AT NOT NOT ORK	WHILE	DENI DID WO	RY OCCUR?		
	22.	elfu shas I hald an I			ORK L	ab as as ab i	a hasta dasah ta mi		

EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify)

resulted from: Notural couses X Accident

Suicide Homicide __

Undetermined monner

CHIEF MEDICAL EXAMINER X M.D. ASSISTANT MEDICAL EXAMINER

23D. LOCATION

DATE SIGNED

RUSSELL S. FISHER, M.D. 23C. NAME OF CEMETERY OF CREMATORY

ASSOCIATE MEDICAL EXAMINER

12=13-65

130 17 19 1. 12-15. 24A. DATE REC'D BY HEALTH DEPT.

ACTUAL SIGNATURE.

5 PARKWOOD de METERY BD. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

(City, town, or county)

VS 151-REV. 1/1/65

B. DabRowski 2818 E. BAHTIMORE

VS 150-REV. 1/1/65

Such

P2 T5000	65	12933
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BALTIMORE CITY HEALTH DEPARTMENT

2933

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IRTH NO. 65 1290	CERTIFICA	TE OF DEATH	Registered No.	J LLUGO
N.E. CASE NO.	>	2. DATE AN	D HOUR OF DEATH	
pe or Print Avanceis D	UNNIGAN	12	-13-65	S SAM
FULL NAME OF HOSPITAL OR Oddress or location	AMENDED Institution, give street 12-27-65	Mary B. COUN	le deceosed lived. If institution of the control of	ution: residence before odmission)
fayette Convale	REANT HOME	D. STREET ADDRESS (IF	More location	24
HOSE	7ayellest	7801 E	111011	street
MW	WIDOWED, DIVOKOERRADO	7/9/1889	9. AGE (In years lost birthdoy) 76	If Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
JA, USUAL OCCUPATION (Give kind of work 108 page during most of working life, even it retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAI COUNTRY?
A/LROADER Retired		Mary/2	Nd	U.S.
FATHERS NAME		14. MOTHERS MAIDEN NA	ME	
Wos Deceased Ever in U. S. Armed Forces?	NNIGAK	Jula 17. INFORMANT	tord	
es, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.	MrsIN-3 De	NNIGANO	2901 Cold Sprin
18.6/0X	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	ben:	ign prostatic	hypertroph	y 2 years
(This does not mean the mode of dy heart failure, osthenio, etc. It means the injury ar complication which caused dec	ng, e.g., DUE TO disease,		1666mm яния па анан паал на 00 000 0 11 00 0 0 11 00 00 00 00 00 00	
ANTECEDENT CAUSES	(B)	\$ \$ \$		or in the six walkeling is to the constructive procedure on the construction on the construction of the
DISEASES OR CONDITIONS, if ony	DUE TO			
rise la lhe obove couse (A) sla UNDERLYING CONDITION last.	ling the (c) gene	eralized arte	rioscle rosi	s several year
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING TO THE			
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If in Boltimore C	ity, give exact locotion)
21D. TIME (Month) (Doy) (Yeor) (H	our 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Not While At Work			
22. I certify that (L) (this hospital) at		b. 5.	1964 to 12-	13-65 19
that (I) (we) lost saw the deceased o	live on Dec. 4,	19. 65 ond the		on death occurred on the date
and haur and from the causes stated	obove. (1) (We) (did) (did not) v	lew the bady ofter death.		
23A. SIGNATURE	10.		23	B. DATE SIGNED
E Ellswirth	M.D. Atte	nding Med.	Stoff Phys.	12-14-65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	· II y 3.	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CRE	MATORY 24D 14	OCATION (City,	town, or county) (State)
REMOVAL (Specify)	11 11 1	18 12.	Coline to the	1/1-/
DURIA 12-16-65	NORWC4THEE RI	21 Ceap. 120	MIMORE	Ma.
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
DEC 2.0 1965 (P.O.)	THE COUNTY HAVE	12. 112-6 DOL	US 41 9111	FBOHN ST

M.H.

CERTIFICATION

MEDICAL

prior at

was D.O.A. deceased

pital and of death

Such

attendance on death.

BAL1	IMORE	CITY	HEALTH	DEPARTMENT

ERTIF	ICATE	OF D	EATH

	1
December 1	9th 1965

Registered Na._

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1:	P

		4	
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Stanislaus F. Andrzejewski

USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

> FULL NAME OF HOSPITAL OR

(Type or Print)

(If not in hospital or institution, give street oddress or location) 326 South Folcroft Street

65 12934

C. CITY OR TOWN (If outside city limits, write RURAL

Maryland

Baltimore, 21224 D. STREET ADDRESS

(If rurol, give location)

			320 South.	rolcroit Stre	et
s. sex Male	Whit e	7. MARRIED, NEVER MARRIED WIDGWED, DIVORCED (specify)	8. DATE OF BIRTH 10/28/92	9. AGE (In years lost highday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CCUPATION (Give kind of vist of working life, even if relire	vork 10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLA CE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret	tired	Master Plumber	Baltimore,	Md.	U.S.A.
13. FATHER'S	NAME		14. MOTHER'S MAIDEN	NAME	
Stanis	laus Andra	zejewski	Maryanna	Putz	

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	220-30-1104	Salomea	Andrzejewski	326 S. Folcroft	Street

100		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH A, C, U D - A. 5#	INTERVAL BETWEEN ONSET AND DEATH
(This daes not mean the made of dying, e.g., heart failure, osthenia, etc. It means the diseose, injury or complication which coused death.)	DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving	DUE TO	
rise to the above couse (A) sloting the UNDERLYING CONDITION lost.	(C)	
 II .		

Charles Contained (03).		
		7
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING IT.		_
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED	

WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF tNJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., tNJURY OCCUR? (If in Boltimore City, give exact location)

DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.)

At Work 22. I certify that (1) (this haspital) attended the deceased from that (I) (we) last sow the deceased alive an. and that in (my) (our) apinian death accurred an the date

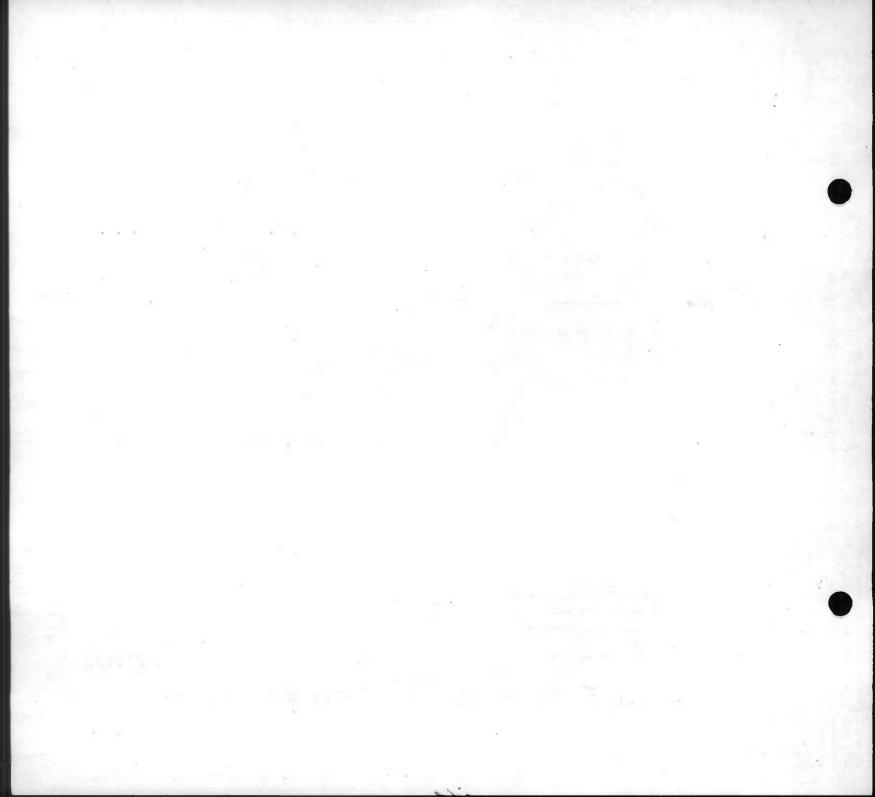
and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.

23A. FIGNATURE Leve Kondu	M.D. Attending Med. Stoff 23B. DATE SIGNED 23B. DATE SIGNED 12/20/64	5
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	

F. KUNKOWSKI M.D. 2529
B. DATE 24C. NAME of CEMETERY OF CREMATORY

St. Stanislaus Cemetery Dundalk Ave-Baltimore, Md.

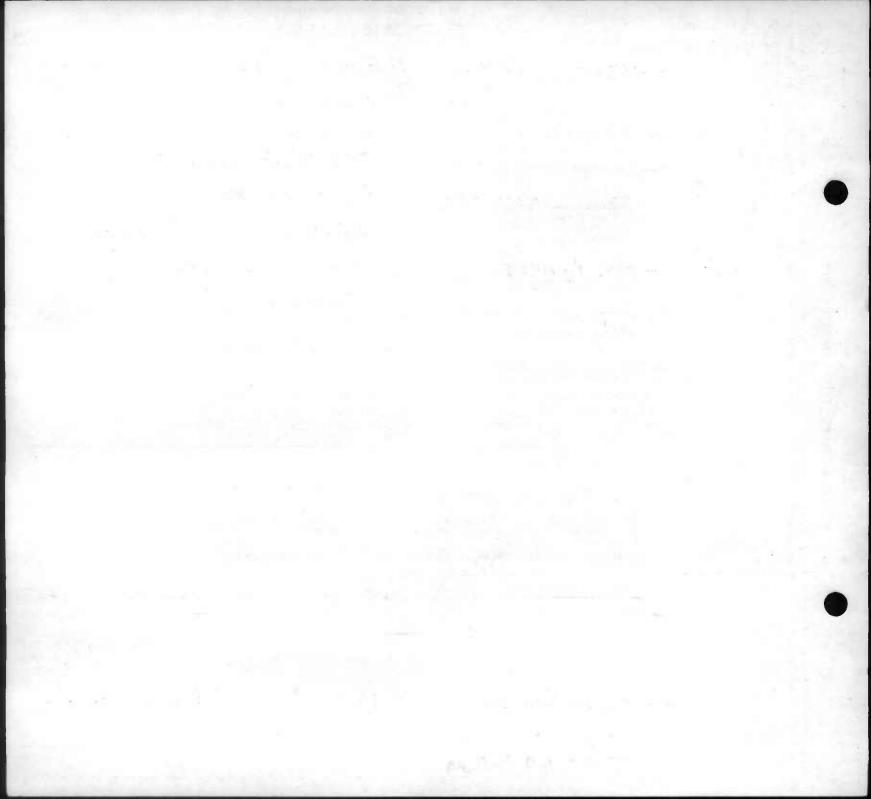
DEC 20 1965 P. O. V\$ 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

M.E.			HEALTH DEPARTMENT		
1, NA		CERTIFICA	TE OF DEATH	Registered Na.	1.2935
	CASE NO. AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	שייני
	LETTCH J	ENNIE HU		12-17-65	6.00 M.
	ACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	Π	tion: residence before odmission)
H	ULL NAME OF (If not in hospital or instit address or location) ISTITUTION	ution, give street	C. CITY OR TOWN, (If out	side city limits, write RURA	L and give township)
1	LORTH Charles L	1en, 1/35p.	BALTIMA	NE	
			3475 Ne	wKirk 5	4.
5. SE		J. SUSAL RESIDENCE (Whole deceased lived. If institution residence before admission a, STATE B. COUNTY A, STATE B. CHORD B.			
	USUAL OCCUPATION (Give kind of work 10B, KII during most of working life, even if refired)		11. BIRTHPLACE (State at forei	gn country) 12	CITIZEN OF WHAT COUNTRY?
					15 A
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	-1.	v 0
F	UGHES, Nober	T	Lloyd,	Elizabe	
(Yes,	vas Deceased Ever in U.S. Armed Forces? no ar unknown) (If yes, give wor or dates of sa		17. INFORMANT		ADDRESS
- 1	18. // 0 2 11	CALLS			INITERVAL DETWEEN
	DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH		
	LEADING TO DEATH	(A) 47	1.5. Q. N. D.	- 200	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	sease,	,		
	ANTECEDENT CAUSES	BUCON	OFSLIV hoa	at dailyne.	
	DISEASES OR CONDITIONS, if any,	-0			8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	rise to the above cause (A) stating		10466 PNX4	monia	
-	ONDERLING CONDITION ISS.	/			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIETO THE DEATH BUT NOT RELATED T	BUTING			
CATIO	DISEASE OR CONDITION CAUSING IT.		1904 Augustus (W. N.	N 000 15 15	
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED		ZUA. AUTOPSY? (Tes ar Na	IN CERTIFYING CAUSES	OF DEATH?
	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (a.g., in	or about 21 C. WHERE DID	(If in Baltimara City	y, give exact lacation)
	DEATH (natify medical examiner)		ince sings, into kir occur?		
ED !	21D. TIME (Month) (Day) (Year) (House			URY OCCUR?	
	(APPROX)		, 🗆		
1	22. I certify that (1) (this hospital) atten			865 10 DRC,	17 1965
1	that (1) (we) last saw the deceased alive	o an 18/17/61 let 6	19 65 and the	at in (my) (out) apinian	death accurred on the date
		ive. (1) (We) (did) (did not) 4	iew the bady after death.		
					DATE SIGNED
	3A. SIGNATURE	/ 1 / 1/ AUD AUD	adian com AA ad com		/ / -
2	chuselow M. Su	Uggra/ Phys	Director	Phys.	18/17/61.
2	Gazding M. Sur	Uggra/ Phys	Director	Phys.	18/17/61.
C 2	ALAOIGH GO	PIR.A M.D.	1942 Ced	AR LAND	E # 22
C 2	PHYSICIANS PAME (Type) H + A O CH C O BURIAL CREMATION, 24B. DATE REMOVAL (Spacify)	PIR.A M.D.	Director	AR LAND	E # 22 (State)
C 2	BURIAL CREMATION, 24B. DATE BURIAL CREMATION, 24B. DATE BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Junial Junial Junial	PIR.A M.D.	1942 Ced	AR LAND	E # 22 [wn, or county] (State) ADDRESS
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY (APPROX.)	hame, form, factory, straat, affect) 21E INJURY OCCURRED Whila At Not While At Wark	21F. HOW DID INJ	URY OCCUR?	



Such

			BALTIMORE CITY	Y HEALTH DEPARTMENT		
IRTH NO.	65 128	936	CERTIFICA	TE OF DEATH	Registered Na.	65 12936
A.E. CASE NO.	CEASED		CERTITION			
Type or Print)	CEASED				AND HOUR OF DEATH	
PLACE OF D	BRAWNER HE	RBERT EL	(6)0)/(0	Decei	mber 16, 196	5 4:05 A M
. FEACE OF D	EATH IN BALLIMORE, N	ARILAND		A. STATE B. COL	INTY	nstitution: residence beloro odmissign)
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit oddress or loco		n, give street	Maryland c. city or town (if	outside city limits, write	RURAL ond give township)
	ns Administra	ation Ho	spital	Baltimore		
3900 L	och Raven Bly	rd.		D. STREET ADDRESS	If rural, give location)	
Baltim	ore Maryland	1 21218		921 S. Con	cling Street	
SEX	6. RACE	7. MARRIE	D, NEVER MARRIED (ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	Caucasian	1 1 .	arcel	4/15/03	62	
A. USUAL OC	CUPATION (Give kind of w	ork 10B. KIND	OF BUSINESS OR INDUSTRY			12. CITIZEN OF
one during most o	f working life, even if retired	1)				WHAT COUNTRY?
Paint				Maryland		U.S.A.
3. FATHERS NA	WE			14. MOTHER'S MAIDEN N	AME	
James B	rawner			Mary Roberts		
. Was Decease	d Ever in U. S. Armed on or d	Forces? otes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	9/28/42 To	4 4		V.A. Hospital	Baltimone.	W4 27278
18.	7/20/42 10	71 747		OF DEATH	Parermpre	INTERVAL BETWEEN
/ 60 0	X OF COMPILION	DIRECTIV	CAOSE C	A DEATH		ONSET AND DEATH
DISEA	ASE OR CONDITION I		Bron	chogenie Carcin	ome of lung	23 months
(This does	nal mean the mode	of dving. e.d	(A) DUE TO W	rith widespread	matactace	
	, asthenia, etc. It mea		e,	Ton windshield	III VAG VAG CO	
injury of co	mplication which caus					5.03
	ANTECEDENT CAUS	E2	DUE TO			• • • • • • • • • • • • • • • • • • •
	OR CONDITIONS, I					
	he abave cause (A IG CONDITION last,	() slaling lh	e (C)		***************	
	44					
TO THE	11 NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO	NG THE			
19A. DATE C			WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES. WERE	FINDINGS CONSIDERED
2	WAS P	ERFORMED				FINDINGS CONSIDERED USES OF DEATH?
	ENT WAS UNDERLYING	12	B. PLACE OF INJURY (e.g., i	in or obout 21C. WHERE DID	(If in Boltimor	o City, give exoct locotion)
OR CONTRIE	SUTING CAUSE OF	h	ome, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
2						
OF INJURY	(Month) (Doy) (Yea		E. INJURY OCCURRED	21F. HOW DID ff	NJURY OCCUR?	
(APPROX.)		V	Vhile At Whi At Work			
22. L certif	v that (1) (this hasnit	di) attended	the deceased from NO	vember 16,	10 65 to Door	mber 16, 1965
						inian death accurred an the date
and the same of th		tated abave.	(Mg (We) (did) (disposition)	view the bady after death		
23A SIGNAT	000	1				23 B. DATE SIGNED
TIL	will	106	M.D. Att	ending Med. Director	Stoff Phys.	12/16/65
23C. PHYSICI	AN'S			23 D. ADDRESS		
KENNE	TH MOTT		M.D.	2000 Took B	Dima D-14	d
	EMATION, 248. DATE	240	NAME of CEMETERY OF CR			imore, Md. 21218
REMOVAL	(Specifyl	. 240.	C	240.	LOCATION	ity, town, or county) (State)

REC'D BY HEALTH OFFT. C 20 1965 Que 25B, NAME OF REGISTRAN

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

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Tale Co.

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es 9/25/42 To 9/31/40 213-10-0393 V.L. Femestar, Raintener, D. D. D.

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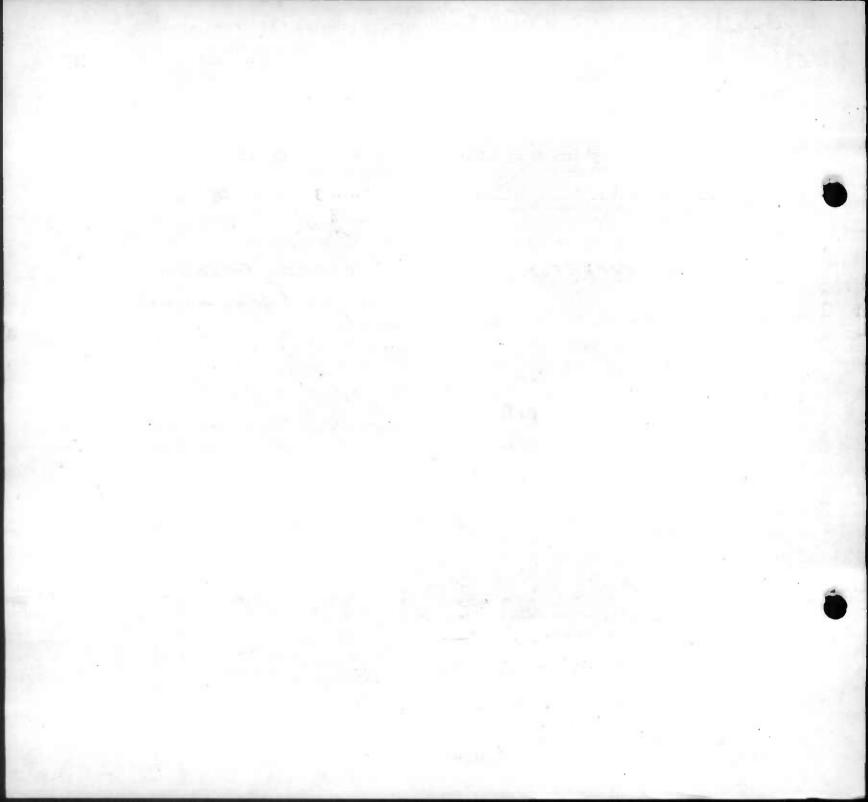
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Sign A . I . Amount fait until reavent des l'itilité

Control City Park to form

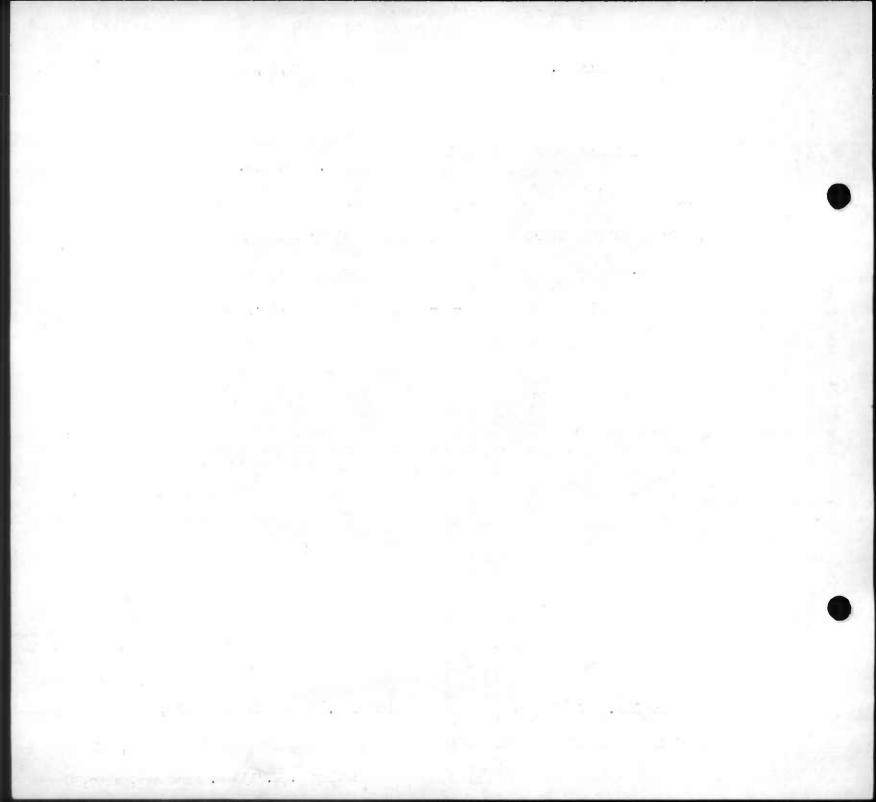
- 54

65 1293	BALTIMORE CITY	HEALTH DEPARTMENT	65 400000
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No	65 12937
M.E. CASE NO.	CERTIFICA		
(Type or Print) Maude Ford		12-16-65	9:15 a
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased lived, II A. STATE B. COUNTY	
FULL NAME OF (If not in hospital ar institution) INSTITUTION	tution, give street	Maryland C. CITY OR TOWN (If outside city limits, with	e RURAL and give township)
RSITUTION		Baltimore	53-00
The Johns Hopkins Hos	spital	RT #1 Box 553 A	
Female White	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) IIdow	8. DATE OF BIRTH 9. AGE (In years lost birthday) 7-8-93	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, Kind during mast of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fareign country)	12, CITIZEN OF WHAT COUNTER?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	111211
0.040-			
Elias ROBERTSO1 15. Was Deceased Ever in U. S. Armed Forces?		Catherine GOSNE	ADDRESS
(Yes, no or unknown) (II yes, give war ar dales of so	16. SOCIAL SECURITY NO.	Catherine GOSNE 17. INFORMANT Children Same as	alwre)
18. / 5 3 . / 1	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A) UPFE	R G-i Bleeding - pulminit	y Embolus
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d			af
injury or complication which coused death.		- 1 - 2	
ANTECEDENT CAUSES	(B) GA	STRIC / ES. progent Engine?	#####################################
DISEASES OR CONDITIONS, if ony,	a the (C) CA	Reinoma of Thensulase Colo	~
UNDERLYING CONDITION lost.			
11	· · · · · · · · · · · · · · · · · · ·		
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING		3100
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		femorit Herria	
		·	RE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		YES IN CERTIFYING	CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,		nare City, give exact location!
OR CONTRIBUTING CAUSE OF	hame, larm, factory, street, o	Ifice bldg., INJURY OCCUR?	are cased topological
<u>U</u>		/	
OF INJURY (Month) (Day) (Year) (Hau		21F, HOW DID INJURY OCCUR?	
₹ (APPROX)	While At Wark At Wark		
			2/1//-
22. I certify that (I) (this hospital) atte	1.0		
that (I) (we) last saw the deceased aliv	re an 12/16	19 65 and that in(my) (aur)	apinian death accurred an the da
and haur and from the causes stated ab	ave. (1) (We) (did) (did nat)		
23A. SIGNATURE			23B. DATE SIGNED
	91 1 M.D. AH	ending Med. Staff	12/16/65
Walter D.	Jundel Phy	rs. Director Phys.	12/16/63
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	
Walter D. Gu	indel M.D.	The Johns Hopkins Ho	spital
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR		(City, lawn, or county) (Starte)
REMOVAL (Specily)	0 0	7 21	1 had
Burial 12/20/65	Gremo Cen	releny (Jalto,	o. Ma.
25A. DATE REC'D BY HEALTH DEPT. 25BA	AND OFFICE THAT	25C. FUNERAL DIRECTOR	ADDRESS
DEC 20 1962 OF BOOK &	To the same of	Connected & H. 3	300 Mario
VS 150-REV. 1/1/65			



-		0
)-0	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	ause e; (5)	o de
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FUNERAL DIRECTOR: IMPORTANT	iner o	pron plar c
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1	oy the pital re; (2	No p
	hosp natu	d (6)
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	st be used lent o	death
	relected	r a ho
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attedeceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.
	bod (s D.C
	Thi the	3 p 3

	0= 490	28	BALTIMORE CIT	Y HEALTH DEPARTMENT		5 49029
BIRTH NO.	65 129	U	CERTIFICA	TE OF DEATH	Registered No	55 12938
M.E. CASE NO.	CEASED			2. DATE AN	ID HOUR OF DEAT	Н
(Typo or Print)	Hanner E	Puero	le.	12/1	8/65	
3. PLACE OF DE	Harry E.	LAND	A.			institution: residence before admission
				A. STATE B. COUN	ITY	11111
FULL NAME		institution,	give stroot	Md		07707
HDSPITAL DR	oddress or locotion)			C. CITY OR TOWN (If ou	tside city limits, write	o RURAL and give to (nship)
7				Baltimone		
5 Smuth	Baltimore Gen	omol H	aenital	D. STREET ADDRESS (IF	rurol, give location)	
Daugii	Dar ornor e den	erar II	Ophroar	409 E. Fort	A 770	
5. SEX	6. RACE 7	. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 H
			D, DIVORCED (specify)	0 10 - 10 -	lost birthdoy	Months Doys Hours Min.
Male	White		ried	8/29/95 11. BIRTHPLACE (State or fore	70	112 6177511 65
	working life, even if retired)	UB. KIND O	L BOSINESS OK INDOSIK	II. BIKINFLACE (Store of fore	rgn country)	12. CITIZEN OF WHAT COUNTRY?
	ed Maritime Gua	ard		Bal timbre, Md		USA
3. FATHER'S NA		ALL CL		14. MOTHERS MAIDEN NA	ME	ODA
2						
	e L. Busick			Mary Elliott		
5. Wos Deceose Yos, no or unknow	d Ever in U. S. Armed Force	of sorvice)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	WW I		21/1-18-1822	Mrs Anna Busi	ok Sama as	line D
7				OF DEATH	ch, bame as	INTERVAL BETWEEN
700	0,1		CAOSE (20	ONSET AND DEATH
DISEA	ASE OR CONDITION DIRE LEADING TO DEATH	(0	0 200	1/2	all and to	
IThis does		duine en	(A)	ence caron	ay 9 (" " ")	my active
	nal mean the made of a , asthenia, etc. It means t			lesi A Persta	o' Kear	our !
	injury ar camplication which caused death.)			2	THE T	S - S
	ANTECEDENT CAUSES		(B)	Texten 70	and for	
DISEASES	DISEASES OR CONDITIONS, if any, giving			9	4	
	he abave cause (A)			~~~~~~		
	UNDERLYING CONDITION last.			**************************************		
-	- 11		2 1	7 / 10		
O OTHER SIGN	VIFICANT CONDITIONS CO	NTRIBUTIN	IG (ulmonon Es	righy de	The state of the s
E 10 INE I	DEATH BUT NOT RELATE CONDITION CAUSING IT.		HE V			
	F OPERATION 198 COND	ITION FOR	WHICH OPERATION	20A. AUTOPSY! (Yes or No	20B. IF YES, WER	E FINDINGS CONSIDERED
E 0	WAS PERFO	DRMED			IN CERTIFYING	CAUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	21	B. PLACE OF INJURY (o.g.,	in or obout 21 C. WHERE DID	(If in Baltim	oro City, givo exact location)
OR CONTRIB	SUTING CAUSE OF wedical examiner	ho		office bldg., INJURY OCCUR?		
O						
OF INJURY	(Month) (Doy) (Year)	(Hour) 211	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
E (APPRDX.)			hile At Onk At Work			
					1.	Ac 13 60
22. I certif	y that (I) (th is hospit al)	attended	the deceased fram	1 1	1962 10	19 67
that (1) (we) last saw the deceased	alive an.	NEC. 1	3- 1964 and th	at in (my) (aur) a	pinian death accurred an the
and have a	nd from the causes state	d ahave	(1) (Wa) (did not)	view the bady after death.		
23A. SIGNAT	/1		(-, (-) (and (and ind))	ine suay unter death.		238 DATE SIGNED
3101171	VO	12/2	A MAD A	tending Med.	Stoff	12/0/05
	me	THE		ys. Director	Phys.	118/64
23C. PHYSICI NAME	ANS		1	23D. ADDRESS		
_			M.D	0-00-		
TST 24A. BURIAL CR	rael J. Feingle	OS INC. N	IAME of CEMETERY of CI	2002 E. Pratt S	St. Baltimo	
REMOVAL		24C. N	IMME OF CEMETERS OF C	ZAD. L	OCÁTION	(City, Town, or county) (State
Buria	1 72/27/6	TIO.	lar Choga Comed		A	
25A. DATE REC'I	D BY HEALTH DEPT.		Ty Cross Cemer	25C. FUNERAL DIRECTO	ne Arundel	County, Abbress
DEC 90	MOST A A A	T. 1	7. 42			
DECZU	ושמט מני לי לי	NUM	TOURS OF THE	NCCOLVE OF	130 E. Fa	ort Ave Balto 30
/S 150-REV. 1/1	/65			1 9 .4 0		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

			BALTIMORE CIT	Y HEALTH DEPAR	RTMENT		0.0000
BIRTH NO.	65 129	139	CERTIFICA	ATE OF DE	ATH R	legistered No.	5 12939
1. NAME OF DECE	etmore.	Nell	C.			18-65	400 A.M.
3. PLACE OF DEA	TH IN BALTIMORE, M	ARYLAND		4. USUAL RESID	B. COUNTY	ceased livad. If inst	titution: rasidanca bafara admission)
FULL NAME OF HOSPITAL OR	F (If not in hospito address or locati	ar institution, giva on)	street	Maryla C. CITY OF TOV	VN (If outside	city limits, write RU	JRAL and give towhship)
9				0. STREET ADDI	St. Victor	Street	
DOA - Sout	4 Baltimore	General	Hospital	Baltim	ove Md.		
5. SEX Female	6. RACE White		VER MARRIED DIVORCED (specify)	6 - 25	-1890 9. AC	SE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	PATION (Give kind of wo	rk 108. KIND OF BU	ISINESS OR INDUSTR	Y 11. BIRTHPLACE	State or foreign co	ountry)	12. CITIZEN OF WHAT COUNTRY?
Reference of the	Mercy	Hasp.	PA.	YA.			USA.
13. FATHERS NAM	NE /	18-27		14. MOTHER'S M	AIDEN NAME		90.0
C	Detmore			M	+ Brya	10	
15. Was Decrased	Ever in U. S. Armad F	orces? 16	SOCIAL	17. INFORMANT	Diya	Α,	ADDRESS
(Yes, no or unknown)	(II yes, give war or da	les of service)	SECURITY NO.	Farm	ly		
18. 42	2, / 1		CAUSE	OF DEATH	V		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION D		7	- Outin	C. a.	1 7	OHISEL AND DEATH
	ol mean the mode of		Chiler	isclerous	Cardiora	ocular De	Had
heart failure,	osthenio, etc. Il meon plication which cause	s the disease,					
	ANTECEDENT CAUSE		(B)				
	R CONDITIONS, if		DUE TO				
rise to the	above couse (A)		(C)				
UNDERLYING	CONDITION last.						
E TO THE DE	II FICANT CONDITIONS EATH BUT NOT REI	ATED TO THE					
	OPERATION 198. CO	NDITION FOR WHI	CH OPERATION	20A. AUTOPSY	? (Yes or No) 201	B. IF YES, WERE FI	NDINGS CONSIDERED
19A. DATE OF	WAS PE	RFORMED		No	IN	CERTIFYING CAU	SES OF DEATH?
OR CONTRIBU DEATH (notify	IT WAS UNDERLYING TING CAUSE OF medical examiner	21 B. PL. home, etc.)	ACE OF INJURY (e.g., laim, factory, street,	in or about 21 C. Whatfice bldg., INJURY	HERE DID	(If in Boltimare	City, give exact location)
Q 21D. TIME	(Month) (Doy) (Year	(Hour) 21 E. IN	JURY OCCURRED	21 F. HO	W DID INJURY	OCCUR?	
S OF INJURY		While	At Not Wh	ile			
		Work	☐ At Work				
	that 🗯 (this hospite			1718102			18107 19
	lost sow the deceas					(my) (our) opini	ion death accurred on the date
	from the couses st	ated above. (I) (We) (dld) (did not)	view the body of	ter death.		
23A. SIGNATU	RE - and /	7 -	1				23 B. DATE SIGNED
Bern	ul T.D	enovic	M.D. AI	ys. Di	rector Stoff Phys.	. 4	12-18-65
23C. PAYSICIAL				23D. ADDRESS			
KERM	- 00	HOVICH	M.D.	· lais Ligi	nt St.	Balto.	Md. 21230
24A. BURIAL CREA	MATION, 248. DATE		E of CEMETERY of CI	REMATORY	24D. LOCAT	ION (City	, town, or county) (State)
Penna	ral. 12/211	65 5	Vanier of	Person	K	Innerio	the PA.
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF	REGISTRAR	25C. FUNERAL	L DIRECTOR	1	ADDRESS
750 9 n	1985 A C	42 Jan	AM C	20 feet	allua ?	Zunen	Hone 237_
VS 150-REV. 1/1/6	5	70		1700	9		Palapor

Partie of date Sent

Dop - Live Bulliages Commend Hoppile

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Hongrat Toyour

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201-07-61

2-1-211-01

KERMT P. BOHOVICH

instrume St. Butter He will

24A

deceased prior to death);

CEDTICICATE OF DEATH

Registered	No.5	129	40
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M.E. CASE NO.	OU TAULO	CERTIFICA	TE OF DE	DATE AND HOUR OF DEA	ATH		
(Type or Print)	MKEY, John J	neanh Sr					
3. PLACE OF DEATH IN	BALTIMORE, MARYLAN	ID .	Dec. 16,1965 7 2.m. 4. USUAL RESIDENCE (Where decoosed lived. Il institution: residence before odmission B. COUNTY				
HOSPITAL OR	oddross or locotion)		c. city or town		rite RURAL and give township)		
11	Jenkins Memor 1000 S.Caton	rial Hospital	D. STREET ADDRES)		
	Baltimore, Mo		און פרמר	lmington Ave.			
Male W	7. M	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) Married	May 16.19	9. AGE ((n years lost birthday)	If Under 1 Yi. If Under 24 His. Months Doys Hours Min.		
done during most of working		IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	late or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Machinist	,	Industrial	Denzig,	Carmana			
13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME	USA		
Adolph Ber	nkev		Helen N	ickels			
15. Was Deceased Ever in (Yes, no or unknown) (If yes,	11. S Armod Forces?	olvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
37		215-03-6003	Camilla	M. Bemkey 171	18 Wilmington Ave.		
18. () > Q	No		OF DEATH	XXDexxxxde XXXXX	INTERVAL BETWEEN		
DISEASE OF	I CONDITION DIRECTL		o de a m	1 1	ONSET AND DEATH		
	NG TO DEATH		mungues	willia Ho	state 20 Km		
(This does not med	n the made of dying	, e.g., OUE TO	gnecure	view orce	SERVE 17794		
	a, etc. It means the d n which caused deoth		11.				
	EDENT CAUSES	(B)	ackeles	a	in outly		
		DUE TO	1	4	***************************************		
	NDITIONS, if ony, re cause (A) statin DITION lost	g the (C)	igo doud	vound-vecu	wend 2 yus		
	11		7				
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDI	CONDITIONS CONTR BUT NOT RELATED TION CAUSING IT.	BUTING TO THE			2.3		
TO THE DEATH DISEASE OR CONDITION 199A.DATE OF OPERA O 21A.ACCIDENT WAS	TION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?		
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medico	CAUSE OF	21 B. PLACE OF INJURY (o.g., i homo, loim, factory, street, a etc.)	in or obout 21 C. WHEI	RE DID (II in Bo(fi	more City, give exect location)		
D 21 D. TIME (Month) (Doy) (Your) (Hou	1) 21 E. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?			
OF INJURY		While At Not Whi	ni(e				
22. I certify that (I) (this hospital) atte	nded the deceased fram	Dea	19 3 to	DDC 160 19 605		
			16 19 601		apinian death accurred on the date		
		ove. (1) (We) (did) (did not)			opinion deam accorded on the date		
23A. SIGNATURE		11 11 11	view the body atte	r death.			
	J. Raymond	Gladue M.D. Att.	onding Med.	Stoff Phys.	23 B. DATE SIGNED		
23 C. PHYSICIAN'S NAME (Typo)			23 O. ADDRESS				
TAME TYPO	J. Raymond	Gladue. M.D.	Jenkins M	emorial Hospita	al .		
24A. BURIAL CREMATION		24C. NAME of CEMETERY OF CR	TOOO Cata	n Ave 212201	(City, town, or county) (Stoto)		
BURIAL	12/18/65	MEADOWRIDGE CEM					
	, 10,00	THE POST OFFICE OFFI	1/1 1/1/1	HOWARD CO.,	MID.		

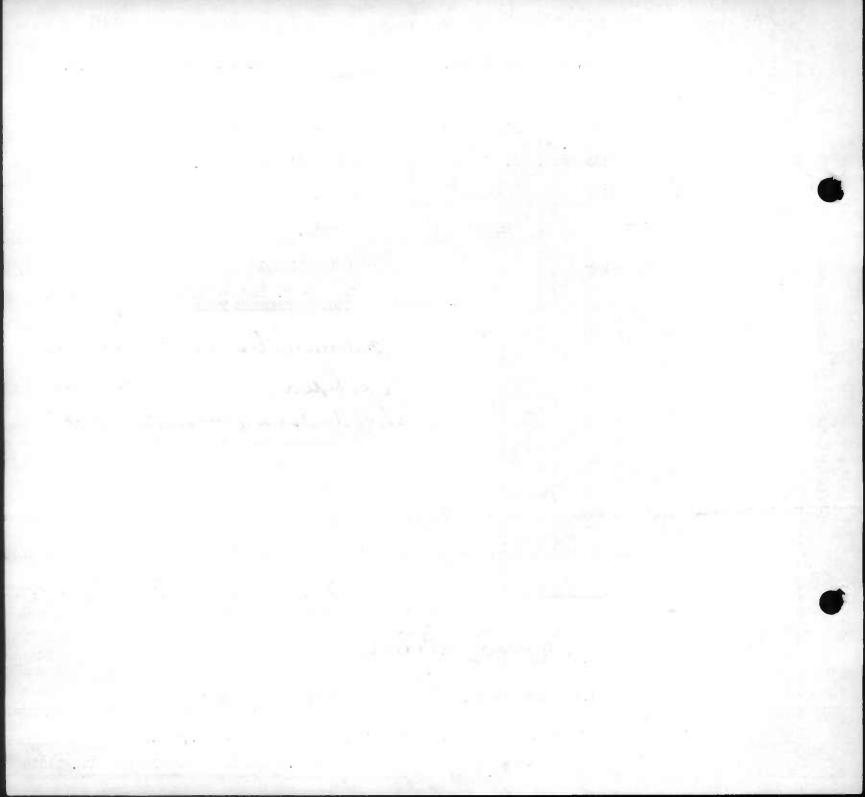
25A. DATE REC'D BY

HOWARD CO., 25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/65

HOWARD H, HUBBARD 4107 WILKENS AVE. 21229

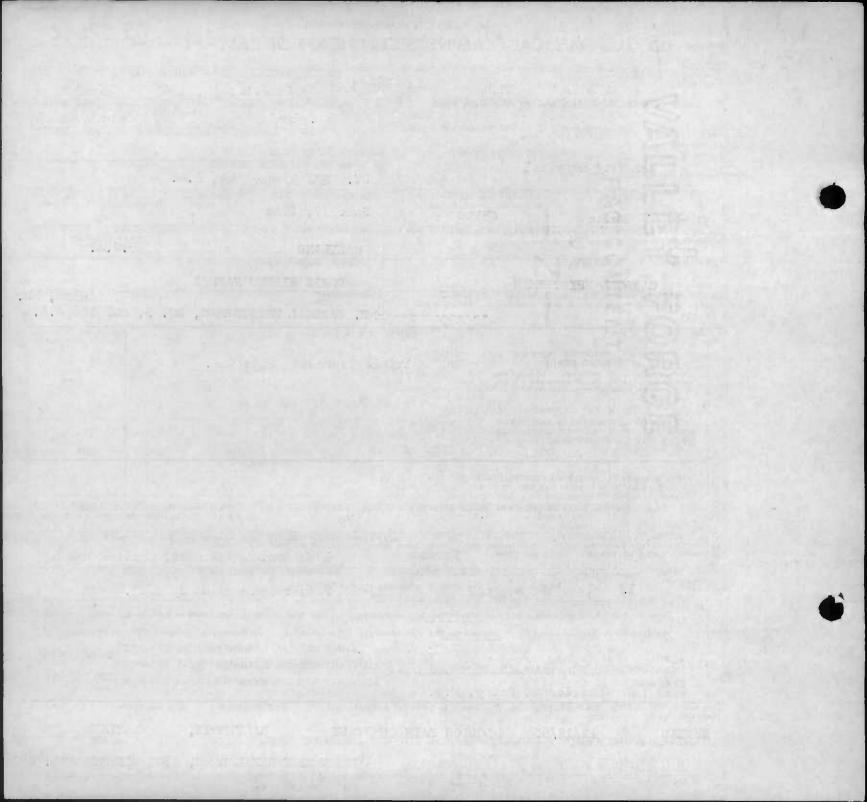


	TH NO.	65 1	2941	CERTIFICA	TE C	OF DEATH	Registered Na.	65 12941	
1. N	AME OF DECE					2. DATE A	ND HOUR OF DEATH		
	ne ar Print)			Quinnette			c. 14, 1965	1: 25 A _M .	
	FULL NAME OF HOSPITAL OR NSTITUTION US Publi	oddress or location.	or Institution	ospital	C. CIT	OR TOWN (If o Pe:	NTY	RURAL and give township)	
	wyman Pr	. Drive & 31	st Str	eet			Maple Avenu	le	
5. \$	M	6. RACE W	Mar	D, NEVER MARRIED ED. DIVORCED (specify) ried	5/	OF BIRTH 31/30	9. AGE (In years last birthday) 35	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	
		arking lile, even if retired)		of Business or Industry ss factory	11. BIRT	Pa.	eign country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAN				1	THER'S MAIDEN NA			
	Fra	nklin Quinne	tte			Margaret W	estfall		
15. (Ye:	Was Deceased s, no or unknown)	Ever in U. S. Armed For (If yes, give war ar date USA 1948-1	s al service	16. SOCIAL SECURITY NO. 157-22-9076		Records- U	S PHS Hospit	tal, Balto, Md.	
NO	(This does not heart failure, injury ar cam A DISEASES Orise to the UNDERLYING	daes nat mean the made of dying, e.g., alture, asthenia, etc. It means the disease, at camplication which caused death.)				y edema strointest ous leukem	Hours nage Days Months		
CERTIFICATION	TO THE DE DISEASE OR O		T. DITION FOR	THE WHICH OPERATION	20 A.	AUTOPSY? (Yes or N		FINDINGS CONSIDERED	
RTIF	2	WAS PER	FORMED			yes	IN CERTIFYING CA	AUSES OF DEATH?	
CAL CI	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner)	he	1B. PLACE OF INJURY (e.g., in name, form, factory, street, al lc.)					
MEDI	21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)	V	Vhile At Nat While At Wark	e	21F. HOW DID IN	JURY OCCUR?		
	and haur and 23A. SIGNATUI 23C. PHYSICIAI NAME (Ty	fram the causes star IE MAN M f W	d alive an ed abave.	the deceased from Dec. 14 (h) (We) (did) (diva/not) v M.D. Atte	ending 23D. ADI	bady after death. Med. Director	hat in (my) (aur) ap Staff Phys. Al, Balto, M	inion death accurred an the date 238. DATE SIGNED 12/15/65	
	BURLA		1965	NAME OF CEMETERY OF CRE LANNSIDE CEMET	MATOR	24D.		ity, lawn, ar county) (State)	
	" D'ADEC 2	0 4965 ° Clabre	24B. D.M.	OF REGISTRAR		FUNERAL DIRECTO		ADDRESS 7 WILKENS AVE. 21229	
VS	150-REV. 1/1/6	5	1		-	1.3	3		

or second statement

e- '- madewil isolin your " it house

BIR	TH NO. 65	1294 MEDI		CAMINER'S C				DEATH Registe	65 3	12942
-	E CASE NO.									
Ty (Ty	NAME OF DE pe or Print)		T 37311	и ист	STERM			HOUR PRONOUNCE		
2	DI A G G 101 D A1	ANDREA	LYN					mber 15, 196		6:30 P M.
	LL NAME OF	(IF NOT IN HOSPITA				Mar.	yrand	deceosed lived. If insti B. COU	Ann	e Arundel
HC	SPITAL OR STITUTION	ADDRESS OR LOCA	TION)	THOR, SIVE STREET	C. CITY		n (If outside adena	e carporote limits, write	RURAL and g	ive tawnship)
8	Uni	versity Hospi	tal					give location) 386, A.A.		A HITTE
_	sex 'emale	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED (specify) HILD	Jan		1958	9. AGE (In years lost birthday)	If Under 1 Y Manths , Day	r. If Under 24 Hrs.
104	LUSUAL OCC	UPATION (Give kind of work working life, even if refired)	10B, KIND OF	BUSINESS OR INDUSTRY		PLACE (S		n country)	12. CITIZEN CONHAT CON U.S.	OUNTRY?
13.	FATHER'S NAM	ME			14. MOTH	IER'S MA	IDEN NAMI			
	C	ARROLL HEISTE	RMAN			DORIS	EILEE	N FARMER		
15.	WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFOR	MANT			ADDRESS PA	SADENA, M
	NO	yes, give war or dote	3 OI SEIVICE		-MR.	CARRO	LL HEI	STERMAN, RT	. 5, BOX	386 A.A.
	1B.	12.4		CAUSE	OF DEA	TH	THE RES			TERVAL BETWEEN
	DISEA	SE OR CONDITION DI								
	(This does	nat meen the made of	dying e.g.,	(A) Multi	ple Ti	cauma	tic In	juries.		
	heart failure	e, asthenia, etc. It means implication which coused	the disease,	00110						
		OR CONDITIONS, IF A		(B)DUE TO						• • • • • • • • • • • • • • • • • • • •
	RISE TO TH	HE ABOVE CAUSE (A) S' NG CONDITION LAST.		DOE 10						
z		NO CONDITION LAST,		(C)						
CERTIFICATION	OTHER SIG	II GNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T							
ZTE	DISEASE C	F OPERATION 198. CON		WHICH OPERATION	120A A	LITORCYS	(Van at Na)	20 B. IF YES, WERE FII	UDINGS CONS	DEBED
S	OATE O	WAS PER		WHICH OFERATION	N		ties of 1407	IN CERTIFYING CAUS		
7	21A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in ar abou	121C. W	HERE DID	(If in Saltimare City, ai	ve exact lacoti	an)
EDIC	UNDERLYING	MOR CONTRIB- JSE OF DEATH.	home etc.)	Street	office bldg.	INJURY	OCCUR?			
ME								& B Street,	Cheise	a beach
	OF INJURY	(Month) (Doy) (Year	5 A V	TE INJURY OCCURRED	WHILE X			n struck by	auto	
	22.		m. V		ORK A	reu	estrial	I Struck by	auto.	
		rtify that I held an I	nquiry 🗌	Inspection X Au	lopsy	and	that on thi	s basis, deoth in n	ny apinion	
	resu	Ited from: Natural ca	uses A	ccident Suicid	e 🗌	Hamicid	le 📗 L	Indetermined manne	er	
				//	CH	HEF ME	DICAL EX	AMINER		ATE SIGNED
	SIGNAT		ules I	1'elly M.D.	ASSIST	ANT ME	DICAL EX	AMINER 🗵		
	EXAMI	NER'S						KAMINER .	1	2/16/65
	NAME (EMATION, 23B. DATE		C. NAME OF CEMETERY	r CREMA	TORY	23D, L	OCATION (City,	town, ar count	ty) (Stote)
	MOVAL (Speci						350		MARYL	
24.	BURTAL A. DATE REC'D	12/18/	248, NAME	LOUDON PARK C	24C.	FUNERA	L DIRECTOR	ALTIMORE,	ADD	
	DEC 2	20 1965 ()	F 8 4	On Dougha	н	JBBAR	D FUNE	RAL HOME, 41	LO7 WILK	ENS AVE.
VS	151-REV. 1/1	165 N869		0 2 0		4	5			
			V TOTAL TOTA	100000000000000000000000000000000000000			500,000,000	GO		



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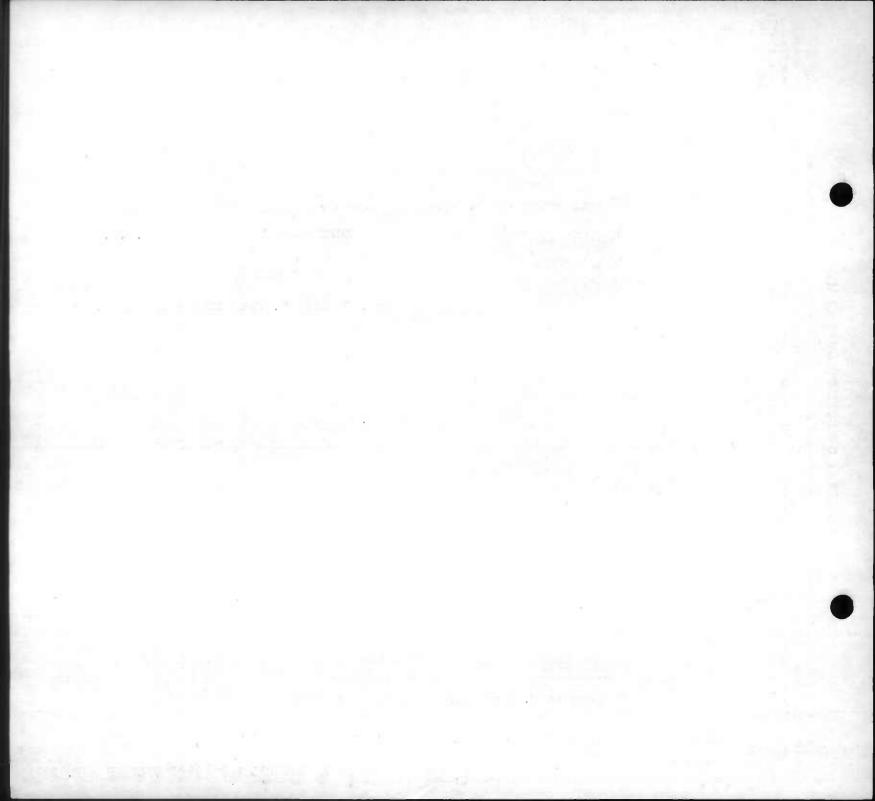
VS 150-REV. 1/1/65

Such

to death.

		BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRTH NO. 65 12943	CERTIFICA	TE OF DEATH	Registered No.	12943
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	1	2. DATE AN	NO HOUR OF DEATH	145
	3. PLACE OF DEATH IN BALIMORE MARYLAND	rong	14. USUAL RESIDENCE (Who	oro deceased lived. If in	stitution: residence before admission)
	a range of branch in sacrification	,	A. STATE B. COUN		The state of the s
	FULL NAME OF (If not in hospital or instituting HOSPITAL OR oddress or location)	on, givo street	C. CITY OR TOWN (If au	0	04
0	INSTITUTION	0 11	B 0 1	tside city limits, write K	URAL and give tawnship)
21	University of Maryla	my Mosp	D. STREET ADDRESS (III	rural, give lacation)	Α .
	J 0 0		5124 Gree	nwich	An # 29
E		WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Haurs Min.
n is	tOA. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
io	Practial Nurse	Nuise	NORTH DAKO	ГА	U.S.A.
osi	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		0.0.11.
disposition	Hartinic HAlvorson	1	Thora Lun	sde	
	15. Was Deceased Ever in U. S. Armed Forcas?	1 6. SOCIAL	17. INFORMANT		ADDRESS
final	(Yes, na arunknawn) (If yes, give war ar dates af service		Vrs Cuphild H	Vina 22/0 H	California
r fi	18. 199 2 I	CAUSE O		KING 2240 He	oward Ave. San Carlo
lor	DISEASE OR CONDITION DIRECTLY	٨	1	. ()	ONSET AND DEATH
nec	LEADING TO DEATH	(A) ASO.	ration of	Vomitus	
a	(This does not mean the made of dying, heart lailure, asthenia, etc. It means the disease				
embalmed	injury at camplication which caused death.)	. 110	Inoccucinar	na with	1 months
	ANTECEDENT CAUSES	DUE TO	1	1	
are	DISEASES OR CONDITIONS, il any, giv		cinomatos	is unh or	igh
	UNDERLYING CONDITION last.	n con no Bertin a com		10.000	
remains	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	TING			V
e l	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
the		OR WHICH OPERATION	20A. AUTOPSY? (Yes or Ne	o) 208. IF YES, WERE F	INDINGS CONSIDERED
0	198. CONDITION FOR WAS PERFORMED	Diagnosis	NO	IN CERTIFYING CAL	JSES OF DEATH?
before	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, at	fice bldg., INJURY OCCUR?	(If in Boltimoro	City, give exact lacation)
be	DEATH (notily modical examiner)	otc.)			
Pe	21 D. TIME (Manth) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
ained	(APPROX)	While At Wark Not While At Wark	e 🗌		
p	22. I certify that (1) (this hospital) attende	d the deceased from	11-26	19 65 to	12-15 1965
0	that (1) (we) lost sow the deceased alive	12 12		nat in (my) (out) opin	nion deoth occurred on the date
t P	and hour and from the causes stated above	. ((1) (We) (did) (did nat)			
10st	23A. SIGNATURE	1			23B. DATE SIGNED
E	Noglas Wear	A D. Atte	nding Med. Director	Stoff Phys.	12-15-65
>	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		0 11
prov	Douglas W.	Davidson M.D.	University.	1 May	und Hosp
a p	24A. BURIAL CREMATION. 248. DATE REMOVAL (Specify)	NAME of CEMETERY OF CRI	MATORY 24D. L	OCATION (CIT	y, tawn, ar county) (State)
Ritten		LOUDON PARK CEMI	ETERY	BALTIMORE.	MARYLAND
Tit	2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
3	DEC 20 1965 (1) Jan 18. 9	Challey Milk	HIIRRARD BINER	AT HOME MAO"	TUTTUENC AUE 22220

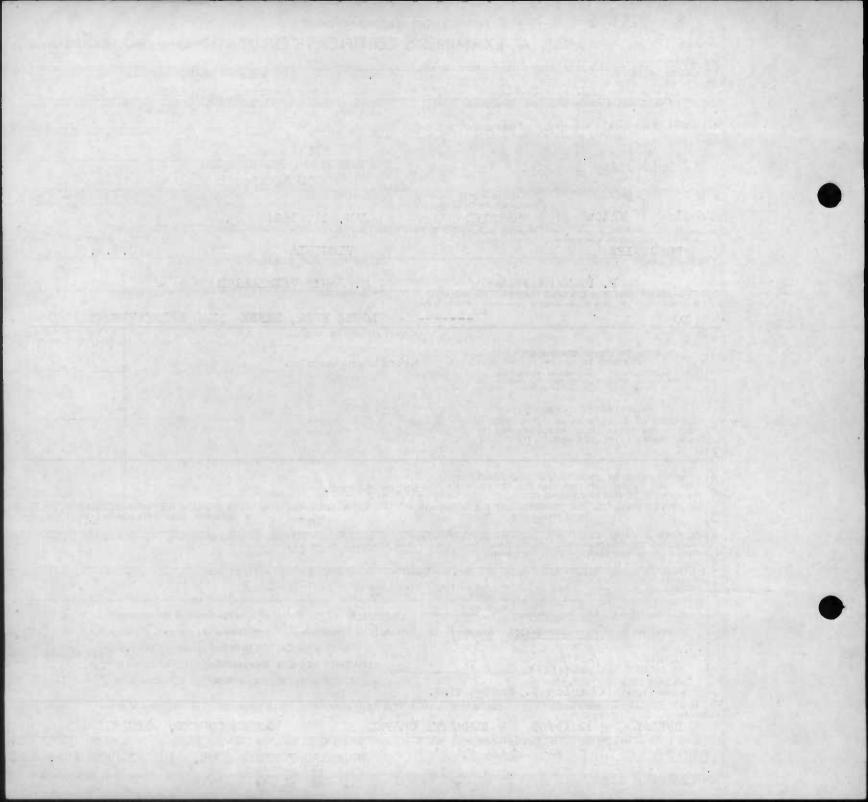
HUBBARD RUNERAL HOME 4407 WILKENS AVE. 22229



BIRTH NO.	MEDI	CAL EX	KAMINER'S CE	RTIFICATE	OF DEATH Regist	ored 65 12944
M.E. CASE NO						
1. NAME OF I		1/4 D.T.E.			ATE AND HOUR PRONOUNC	
	HILDA	MARIE	FURR		December 15, 19	
	ALTIMORE, MARYLAND, W			A. STATE Mary 1a	B. CO	titution: residence before odmissio UNTY
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	UTION, GIVE STREET	C. CITY OR TOWN (I	outside corporate limits, writ	RURAL and give township)
IIn	imercity Heeni	+ - 1		D. STREET ADDRESS		0 0
UII	iversity Hospi	Lai			Reisterstown Ro	ad
5. SEX	6. RACE			B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Ha Months, Doys : Hours , Min.
Female	White	MARR	DIVORCED(specify) TED	JAN. 11, 19		TVIORITIS DOYS I TOOKS TVIIII
	CUPATION (Give kind of work				/21	12. CITIZEN OF
	of working life, even if retired)			MIDOINIA		WHAT COUNTRY?
HOU 13. FATHER'S N	SEWIFE			VIRGINIA 14. MOTHER'S MAIDEN	NAME	U.S.A.
15 WAS DECE	F. PETE H		114 50 01 41	M. JANIE VI	ERMILLION	ADDRESS
	ASED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO				LOUIE FURR,	XXXIX 5250 RE	ISTERSTOWN ROAD
18.	914		CAUSE	OF DEATH		INTERVAL BETWEEN
DIS	EASE OR CONDITION DI	DECTI V				ONSET AND DEATH
	LEADING TO DEATH		Brone	chopneumonia	•	
(This doe	es not mean the made of ure, asthenia, etc. It means complication which caused	dying, e.g.,	DUE TO		0000001100000110000001010000	
injury or	complication which coused	deoth.)				
	ANTECENDENT CAUSE	S	(8)			
	ES OR CONDITIONS, IF A		DUE TO			••••••••••• ••• ••••••
	YING CONDITION LAST.	IAIING THE				
Z			(C)			
) i	II					
O TH	SIGNIFICANT CONDITIONS E DEATH BUT NOT REI OR CONDITION CAUSING	LATED TO T		Liver.		
19A. DATE	OF OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No.) 208. IF YES, WERE F	INDINGS CONSIDERED
Z 21 A. EXTER	NAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE	DID (II in Boltimore City, s	rive exact location)
E UTING C	GOR CONTRIB- AUSE OF DEATH.	etc.)	e, lorm, foctory, street, o	Thee bidg, INJURY OCC	SUR?	
21 D TIME OF INJURY	(Month) (Doy) (Year	Hour) 2	TE. INJURY OCCURRED	21 F. HOW D	DINJURY OCCUR?	
(APPROX.)			WHILE AT NOT W	WHILE		
22.	E CONTROL OF THE	m.l.				
10	ertify that I held on I	nquiry 🗌	InspectionAut	opsy X and that	t on this basis, deoth In	my opinion
re	sulted from: Notural con	uses 🔀 🔏	Accident Suicide	Homicide	Undetermined monr	ier 🗌
	0/		//	CHIEF MEDIC	AL EXAMINER	
ACTI		1.1.1	1/-	ASSISTANT MEDIC	AL EXAMINER X	DATE SIGNED
	ATURE	wes !	M.D.	ASSOCIATE MEDIC		12/16/65
	AINER'S E(Type) Charles	S. Pet	ty, M.D.	ASSOCIATE MEDIC	AL EXAMINEK	
23A. BURIAL	REMATION, 23B. DATE		C. NAME OF CEMETERY O	CREMATORY	23D. LOCATION (City	, town, or county) (State)
REMOVAL (Spe	cify)					
	RIAL 12/19/		BENNETTE CHAP		WARREN COUNTY,	
	O TOOL A O A		OF REGISTRAR	24C. FUNERAL DI		ADDRESS
DEC 2	0 1965 R. Cart	t. day	FELFINE	HUBBARD F	UNERAL HOME, 41	.07 WILKENS AVE. 7

HUBBARD FUNERAL HOME, 4107 WILKENS AVE. # X8

VS 151~REV. 1/1/65

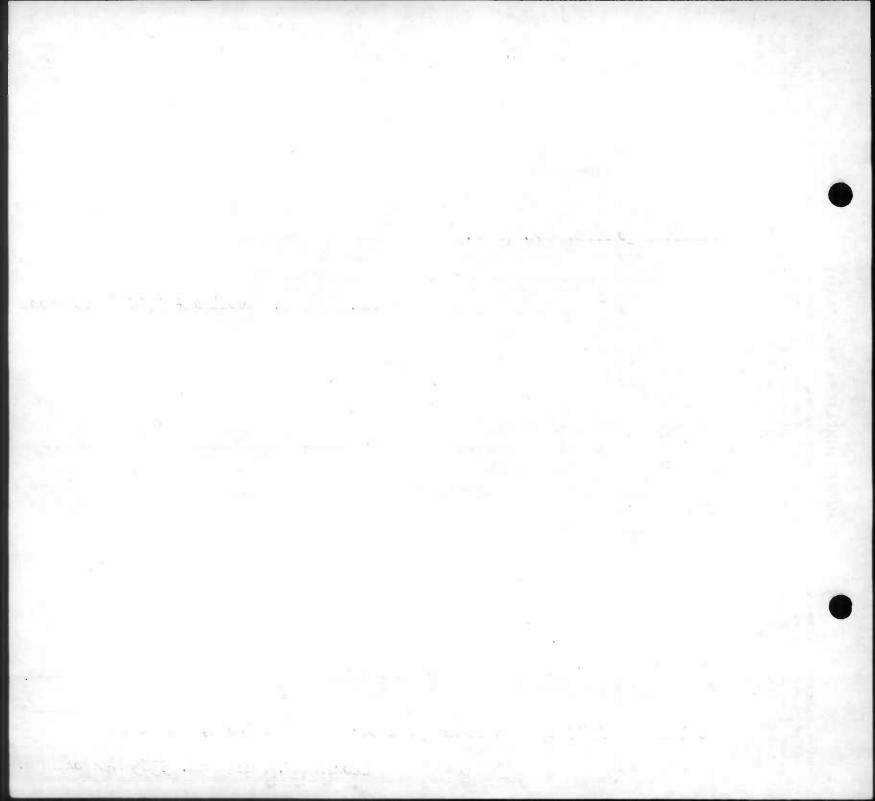


1.1	P+ e+		TH NO.	CERTIFICATE	OF [
	death death eased n the Such	1, 6	E. CASE NO. AME OF DECEASED		
		П	pe or Print) Mr. Willum M	Opplson	
	# 0 0 o #	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. US A. ST	
	hosp ise (5) anc dec		FULL NAME OF (If not in hospital or institution, give	street	nah
	a hos cause se; (5) andan to de		HOSPITAL OR oddress or location) NSTITUTION	c. cı	TY OR A
	- 32.11	/	Maryland General	Hospital 6	34.
	rior rior			D. ST	REET AL
	de de de	-		0/	90
	rrib min gul	5. 5	MIDOWED, D	VER MARRIED IVORCED (specify) B. DAT	TE OF B
	occurred in ontributing ermined caregular attended prioris made.	102	USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		129
	th con		e during most of working life, even if retired)	SINESS OR INDUSTRY 11. BII	KIHPLA
	o o o o	A	RAMBAB (ollect Mor. (Re	t.)	Ma
		13.	FATHER'S NAME	14. M	OTHERS
1			William Morhison	٠ ـ	LAE
4	istant the di kind; death ce on inal di	15. (Ye	Was Deceased Ever in U. S. Armed Faices? 5, no ar unknown) (If yes, give war ar dates of service)	SOCIAL 17. IN	FORMAN
1	assistant if if the direc ny kind; (4) ad death w dance on th			12693348Mrs	s. R
IMPORTAN	his assist fany kir nced de endance		18. 4.20.1	CAUSE OF DEA	TH
9	ner or his er. Also, i cture of an pronounce lar attend		DISEASE OR CONDITION DIRECTLY	1. +	o de
_ S	Also, re of noun atter		LEADING TO DEATH	(A)Heule	
	miner or fracture to prono gular at		(This does not mean the made of dying, e.g., heart failure, osthenia, etc. 11 means the disease,	OUE TO	
C	ner act act ula		injury as camplication which coused death.)	Morana	us 1
	miner. V fractu ho pro egular		ANTECEDENT CAUSES	DUE TO	7
ш	examiner. (3) A fractu n who pro in regular s are emba		DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	(C)	′
3	lical cal e ns; (3 ician as ir		UNDERLYING CONDITION loss.	* ************************************	**********
_	adical dical rrns; vsicio was	7	II		
4	f medical medical / burns; physicic ian was	ATIO	TO THE DEATH BUT NOT RELATED TO THE		
FUNERAL DIRECTOR:	e chief medical examiner. by a medical examiner. l) Body burns; (3) A fractu e the physician who pro shysician was in regular ore the remains are emba	ICA A	DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 19 B. CONDITION FOR WHILE	CH OPERATION [20]	A. AUTO
Z	by a by a 2) Bod re the physic fore th	ERTIFIC	WAS PERFORMED		
2	by by 2) B re t phy fore	CE	21A. ACCIDENT WAS UNDERLYING 21B. PLA	ACE OF INJURY (e.g., in or ob	out 21 C.
	+ = 0 0 0	AL	OR CONTRIBUTING CAUSE OF home, for etc.)	orm, foctory, street, office bfd	1g., 1143 C
	why who	MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	JURY OCCURRED	21 F.
	hos atu	ξ	OF INJURY (APPROX.) While A		
	proved by the the hospital iny nature; (except where and (6) No obtained be!	F	Work	A1 Work	
	approved by to the hospita f any nature; I (except who); and (6) No see obtained by		22. I certify that (1) (this hospital) attended the d	, 7 10	10 /
	_ 0 2 E A		that (1) (we) last saw the deceased alive on		
	ased to dent of ospital death	Ь	and hour and from the couses stated above. (1) (1)	(did) (did not) view th	e bady
	must be celeased ccident a hospit to dear al must		MXT VILLAMINATION	Attending	_
	release a forto		23 C. PHYSICIAN'S	Phys.	DDRESS
	icate must be was released An accident L at a hospit prior to deat		NAME (Type)	M.D.	POR 233
	4 ~ -	244	BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERY or CREMATO	PY
	This certiful the body shows: (1) was D.O., deceased written a	1	Burial (Specify) 12/22/65 More	Land Cemeter	
	This cer the bod shows: was D.C decease	25.4	DATE REC'D BY HEALTH DEPT. 25B. NAME OF R		C. FUNE
	This the k show was dece	1	DEC 20 1985 A A & Qo Zo		eone
		11	1 (P. 1 2 11 1507) 13 (3 17 15 15 16 A 17	CARLETT N L	ELU/16

VS 150-REV. 1/1/65

65 12945

00.45	BALTIMORE CITY	HEALTH DEPARTMEN	T	
	CERTIFICA	TE OF DEATH	Registered Na	65 12945
H.		0	AND HOUR OF DEATH	11:05 A M
UK ///	ohh 180 m		1///	M. Institution: residence before odmission)
		A. STATE B. C	TINDO	2-1
or institution, give s	treet	C. CITY OR NOWN	If outside city limits, write	RURAL ond give township)
chenal	Hospital		MORE	
		2901 B	auethwo	of ave
7. MARRIED, NEV	ER MARRIED ORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Days Hours Min.
Mahri	. //	10/29/19	46	
10B. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
or. (Ret	.)	mary/o	nd	U.S.A.
		14. MOTHER'S MAIDEN	NAME	
44150W		ILEne	Sch Issle.	
	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
2	12093348	Mrs. Rebat	R. Morrison7	2901 Bauernwood
	CAUSE O	F DEATH		INTERVAL BETWEEN
ECTLY	\wedge	tode no	1.070	ONSET AND DEATH
Mutau Sans	(A)HCC	14 17400	una tuta	WCI
dying, e.g., fhe disease,	DUE TO	13/1	[
death.)	Mon an	10 se Atho	1 NJO PILOS	215
	DUE TO	10009 11 160	10 40 1000	2
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stating the	(C)	nder medical de la lace de la manuel de la manuel de la mante del la mante de la mante de		
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ONTRIBUTING TED TO THE				
DITION FOR WHICH	H OPERATION	20 A. AUTOPSY? (Yes	No 208. IF YES, WERE	FINDINGS CONSIDERED
ORMED		NO	IN CERTIFYING CA	
home, for	CE OF INJURY (e.g., in m, foctory, street, of	fice bfdg., INJURY OCCU	D (If in Boltimor R?	e City, give exact locotion)
(Hour) 21 E, INJU	IRY OCCURRED	21F. HOW DID	INJURY OCCUR?	
While At		• 🗆	,	
Work	A1 Work	11.30	10/0	13.10.65
) attended the de	ceased fram		19 6 2 10	71900.
d alive on			d that in (my) tour) apl	Inian death accurred on the date
ed abave. (1)/(We	(did), (did not) v	iew the bady after dea	ith.	
1. 111	AND. AHE	ending Med.	Stoff	23B DATE SIGNED
WOVI	Phy	s. Director	Phys,	19.12.62
		23D. ADDRESS		
la ce tita	M.D.			
55 More	Land Ceme	tery B	altimore, M	aryland (Stote)
25B. NAME OF RE		25C. FUNERAL DIREC	TOP	ADDRESS
4- 20 Just.	ento o	Leonard J	· Ruck Inc.	5305 Harford Rd.
		1 1 0	¥	



was D.O.A.

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VS 150-REV. 1/1/65

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E O eath.

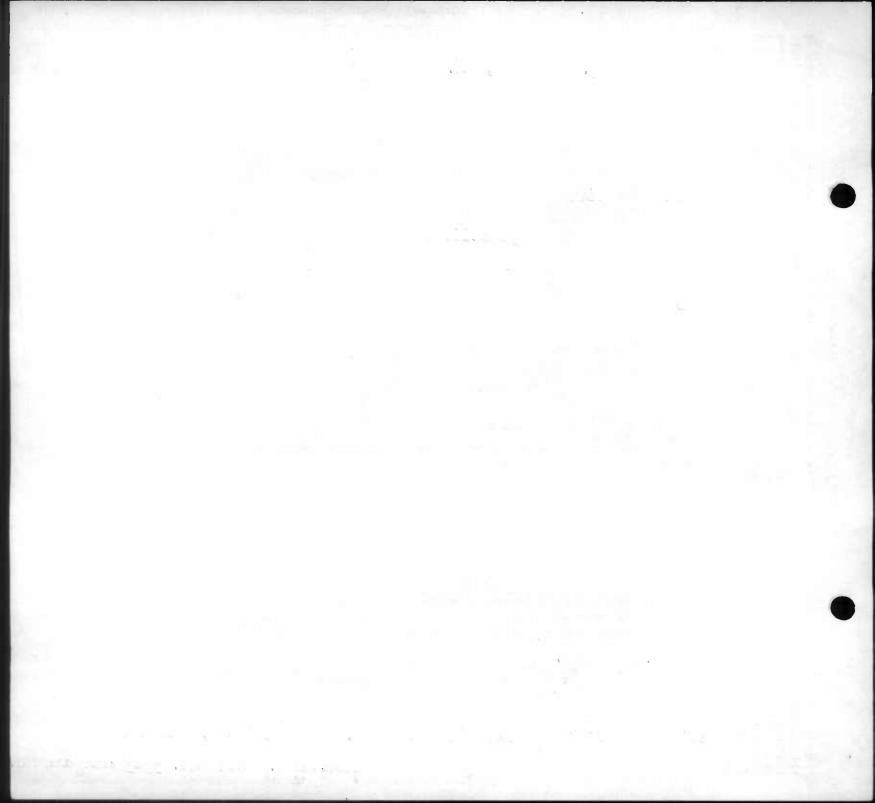
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attend 0

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prior

BALTIMORE CITY HEALTH DEPARTMENT Registered No 65 12946 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Prinf) USUAL RESIDENCE (Where deceased lived, If institution: pesidence before admission) 3. PLACE OF DEATH IN BALTIMO RULAN FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) (If outside city limits, write RURAL and give township) OBURCH HOME + 40 SPOTAL D. STREET ADDRESS made. 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Days 6. RACE If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? MARGLAN RETINET 18. FATHERS NAME 5 4. MOTHER'S MAIDEN NAME MeGINNI 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL SECURITY NO. No 0121 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes at Na) 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact lacation) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Wark At Work 22. I certify that (I) (this hospital) attended the deceased fram...... that (I) (we) last sow the deceased alive an19 ...and that in(my) (our) opinion death accurred on the date and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGN AT LIKE 238, DATE SIGNED Attending Phys. Med. Director Staff 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 24B. Corraine Park Marylana em. Leonarp JA



SAB-45-46-12

Such

to death.

					BALTIA	MORE CITY	HEALTH I	DEPARTMEN'	T				
	H NO.	65 1	2947		CER	TIFICA	TE OF	DEATH	1	Registered	No. 65	1294	7
1. N. (Typ	AME OF DEC	F	ihK,	Mar	tung	Mar	У	2. DATE	2-1	W -65	ATH	6	20 P M.
F	ULL NAME O IOSPITAL OR NSTITUTION	Balti 4940	in hospitol of s or locotion) more Easte:	City H	losp i ta nue		Ma c. city o	ryland	OUNTY [f autside		Write RURAL	and give tow	efara admissian)
5, \$	FY	Balt1		Maryla	NEVER MARI	.224	1603 8. DATE O	the same of the same of		Avenue		1218 Inder 1 Yr. , I	f Under 24 Hrs.
F	emale Usual occi	Whit.	6	Marri	ed ed	(specify)	7-30-	0	last	binhday) 4	-7 Mon	ths Days H	aurs Min,
done	House	working life, ever ewife					Mar	yland				U.S.A.	TRY?
13. [ATHER'S NAM		rick	Staffo	ord		14. MOTH	ERS MAIDEN	NAME	Mary	Hall		
	Nos Deceased no or unknown No				SECURITY 21320	Nd.	Reco	ds:BCF	I-49	40 Eas	stern	Avenue	
	(This does in heart foilure, injury or com	SE OR COND LEADING TO not mean the osthenia, etc nplication whi ANTECEDEN DR CONDITI e obove co G CONDITIO	D DEATH mode of II meons ch caused T CAUSES ONS, if o	dying, e.g., lhe diseose, deolh.) ny, giving	() () ()	A) POUE TO	npir	ntry static	B	ent c	Α.	4m	ND DEATH
ATION	TO THE D	IFICANT CON EATH BUT CONDITION	NOT RELAT	TED TO TH									
CERTIFICATION	19A. DATE OF		WAS PERF		WHICH OPERA	TION	Yes	JTOPSY (Yes	r No) 2	OB. IF YES, V	CAUSES	OF DEATH?	Yes
CALC	21 A. ACCIDEI OR CONTRIBU DEATH (natify	TING CAU	ERLYING TO	21 B. hom etc.	e, form, focto	IJURY (e.g., i ry, street, o	fice bldg., I	IC. WHERE DI	R?	(If in Bo	Itimore City,	give exoct lo	cofion)
MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (D	ay) (Year)		INJURY OCC	Not Whil At Wark		IF. HOW DID	INJUR	Y OCCUR?			سر
	22. I certify that (I) (we) and haur one 23A. SIGNATU	last sow th	e deceosed	d olive on	15-12	7-65	19	6) on ody ofter dea		.6.)to in(my) (our		deoth occurr	ed on the date
		Bre	m Br	att,	<u> </u>	Phy		Med. Director	Sto Ph	off ys. 🙀		12-18-6	
24A	BURIAL CRE	MATION, 24E			SUTON	M.D.	23D. ADDR	Balti	149 mor	e Mary	land	Avenue	(State)

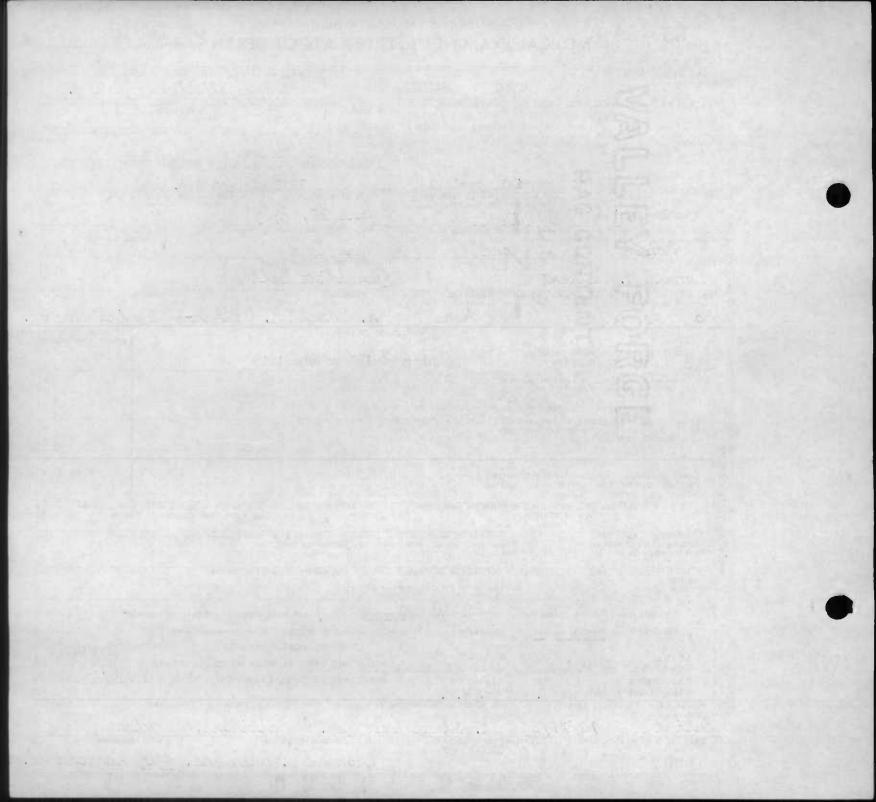
Burial 12/23/65 Baltimore National Cem. Baltimore, Maryland

25A. DATE RECT BY HEALTH DEPT. 25B. NAME OF REGISTRAR DEC 20 1965 Plant 2 Leonard Fig. Ruck Inc. 5305 Harford Rd.

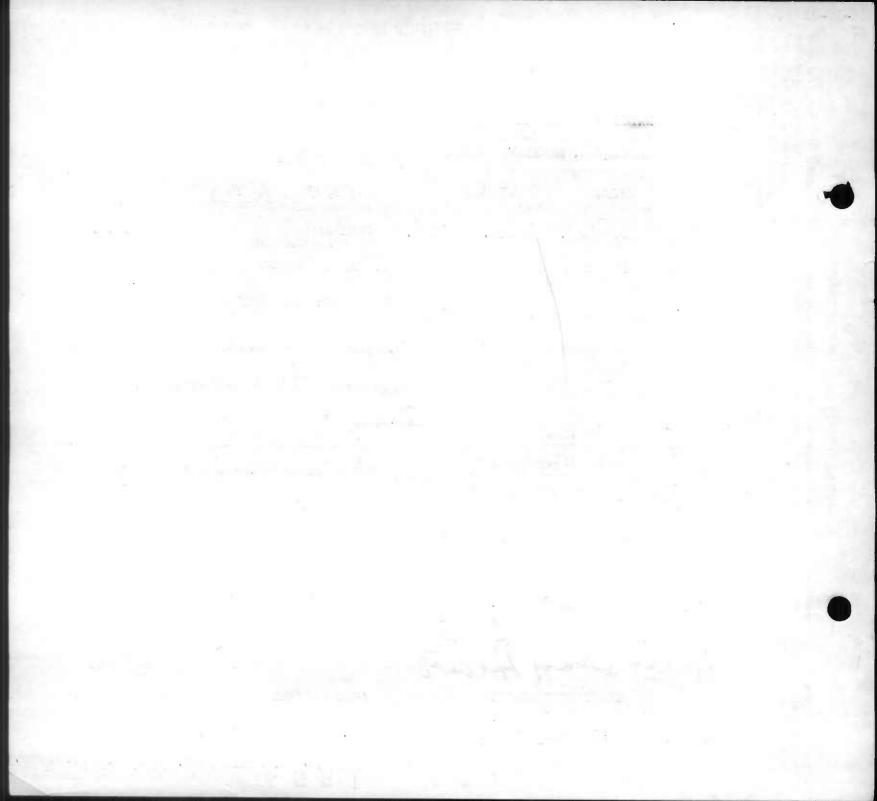
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Theres protosiqued Methodolic brank CA Super 72-18-51 John Contra 12-11-41 GETTION & GALAN

1 2- P-21 My thought but

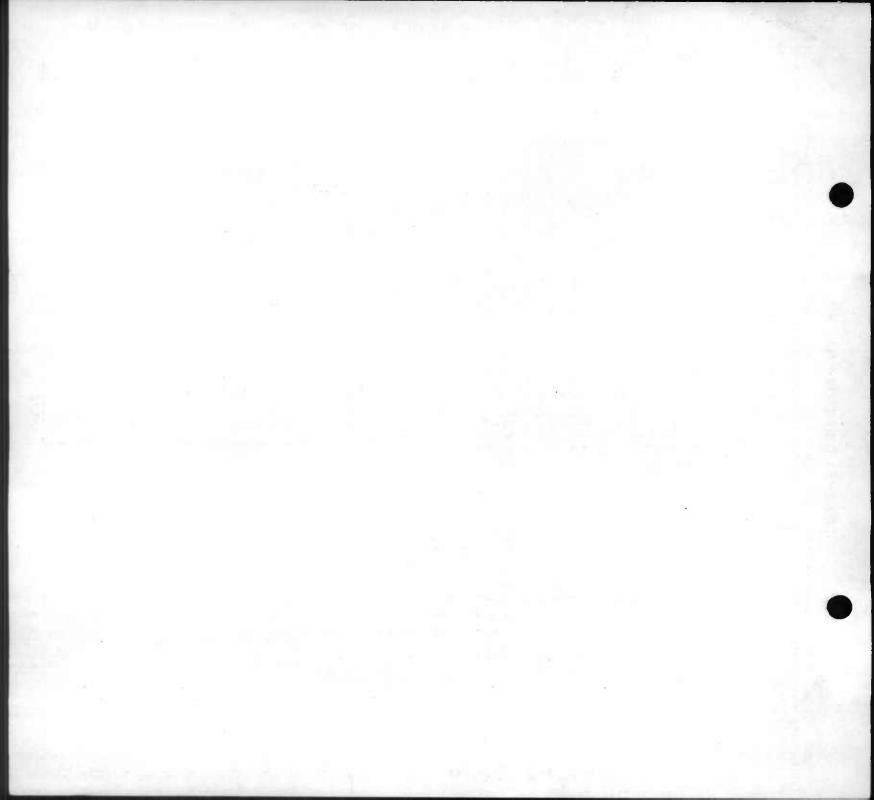


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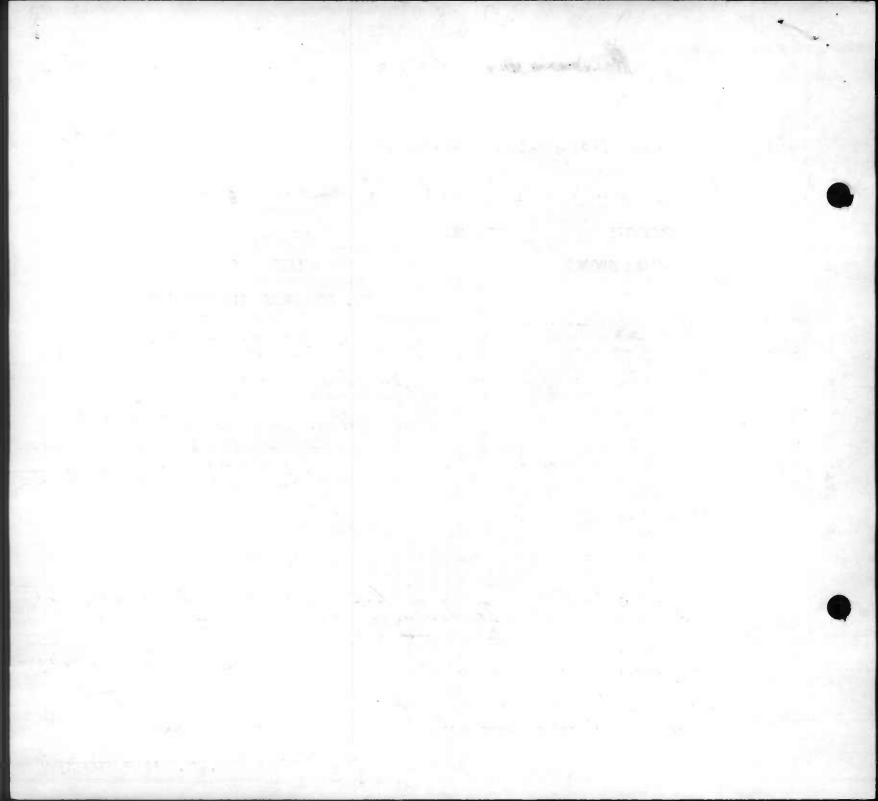


SAB-43-73-

Typ	L CASE NO. IAME OF DECEASED POP OF PRINT ANNA SUP PLACE OF DEATH IN BALTIMORE, MARYLA	HECZKOWSK	21 Dec. 2	D HOUR OF DEATH	stitution: residence before admission
-	FULL NAME OF (If not in hospital or in: HOSPITAL OR oddress or location) NSTITUTION	stitution, give street	Maryland c. cim or town (If out	2	RURAL ond give township)
7	BAUTIMORE CIT	Y HOSPITALS		rurol, give locotion)	22.22).
5. S	EX 6. RACE W 7. A	MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specify) Married		9. AGE (In years lost birthdoy) 69	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, e during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	BALTIMORE		12. CITIZEN OF WHAT COUNTRY?
3. 1	FATHERS NAME		14. MOTHER'S MAIDEN NAM	ME	
	Wos Deceased Ever in U. S. Armed Farces? s,no or unknown) (II yes, give wor or dates of		Records: BCH-4	olo Easta	rn Avenue 2122
	18. 4 3 3 1 1 DISEASE OR CONDITION DIRECT	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dyinheart foilure, astheria, etc. It means the injury or camplication which coused dec ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) stot UNDERLYING CONDITION lost.	disease, Ih.) (8) Giving	NTRICULAR I	CV DISEAS	E ? YEARS
ATION	hearl foilure, asthenia, etc. It means the injury or complication which coused dec ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stot	disease, lh.) giving ling the (C)	PIOSCLEROTIC	CV DISEAS	E ? YEARS
CATI	heart foilure, asthenia, etc. It means the injury or camplication which coused deo ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) stot UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	disease, Ih.) giving ling lhe (C) FRIBUTING TO THE	PIOSCLEROTIC 20A. AUTOPSY? (Yes or No	CV DISERS	FINDINGS CONSIDERED
AL CERTIFICATI	heart foilure, asthemia, etc. It means the injury or complication which coused decomplication which coused decomplication which coused decomplications are to the abave cause (A) stotunderLying Condition tost. Il Other significant conditions Control To the Death sur not related disease or condition Causing It. 19A. Date of Operation 19B. Condition	disease, Ih.) giving ling lhe (C) FRIBUTING TO THE	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DICAL CERTIFICATI	heart foilure, asthemia, etc. It means the injury or complication which coused decomplication which coused decomplication which coused decomplications are to the abave cause (A) stote UNDERLYING CONDITION to the DEATH SUT NOT RELATED DISEASE OR CONDITION CONTION TO THE DEATH SUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITIONS PERFORM 21A.ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	giving ling lhe (C)	20A. AUTOPSY? (Yes or No NO NO INJURY OCCUR?	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? City, give exect locotion)
MEDICAL CERTIFICATI	heart foilure, asthenia, etc. It means the injury or camplication which coused deo ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) stot UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21D. TIME (Month) (Day) (Year) (HOPPROX.) 22. I certify that (1) this hospital) at that (1) (we) lost saw the deceased of and hour and from the causes stated as a constant of the cause of the causes stated as a constant of the cause of the cause of the causes stated as a constant of the cause	giving ling lhe (C) TRIBUTING TO THE ON FOR WHICH OPERATION AED 21B. PLACE OF INJURY (e.g., home, larm, loctory, street, etc.) While A1 Not White A1 Work tended the deceosed from live on DEC (200	20A. AUTOPSY? (Yes or No NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? City, give exact location) City and death accurred on the death accurred
MEDICAL CERTIFICATI	heart foilure, asthenia, etc. It means the injury or camplication which coused deo ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) stot UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notity medicol examiner) 21D. TIME (Month) (Day) (Year) (HOPPROX.) 22. I certify that (1) this hospital) at that (1) (we) lost saw the deceased of and hour and from the causes stated at 23A. SIGNATURE	giving ling line (C) GRIBUTING TO THE ON FOR WHICH OPERATION AED 21B. PLACE OF INJURY (e.g., home, larm, loctory, street, etc.) OUT 21E INJURY OCCURRED While At Work tended the deceosed from live on Dec. 20 above. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY 19	208, IF YES, WERE IN CERTIFYING CA (II in Boltimore URY OCCUR? 1965 to December 1965 to	FINDINGS CONSIDERED USES OF DEATH? City, give exact location) 19 63 nian death accurred an the death accurred and the death accurred a
MEDICAL CERTIFICATI	heart foilure, asthemia, etc. It means the injury or camplication which coused deo ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) stot UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) (HOF INJURY (APPROX.) 22. I certify that (1) (this hospital) at that (1) (we) lost saw the deceased all and hour and from the causes stated and hour and from the causes are caused the cause of the caus	giving ling lhe (C) GRIBUTING TO THE ON FOR WHICH OPERATION MED 21B. PLACE OF INJURY (e.g., home, larm, loctory, street, etc.) While At Not Whith Mile At Work tended the deceased from live on Dec 20 above. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ le 19	OV DISERS 208, IF YES, WERE IN CERTIFYING CA (II in Boltimore URY OCCUR? 1965 to Poor in (my) (our) opi Stoff Phys. Avenue, Ba	FINDINGS CONSIDERED USES OF DEATH? C. I P. 19 63 nian death accurred an the company of the signed 23B, DATE SIGNED Aryland



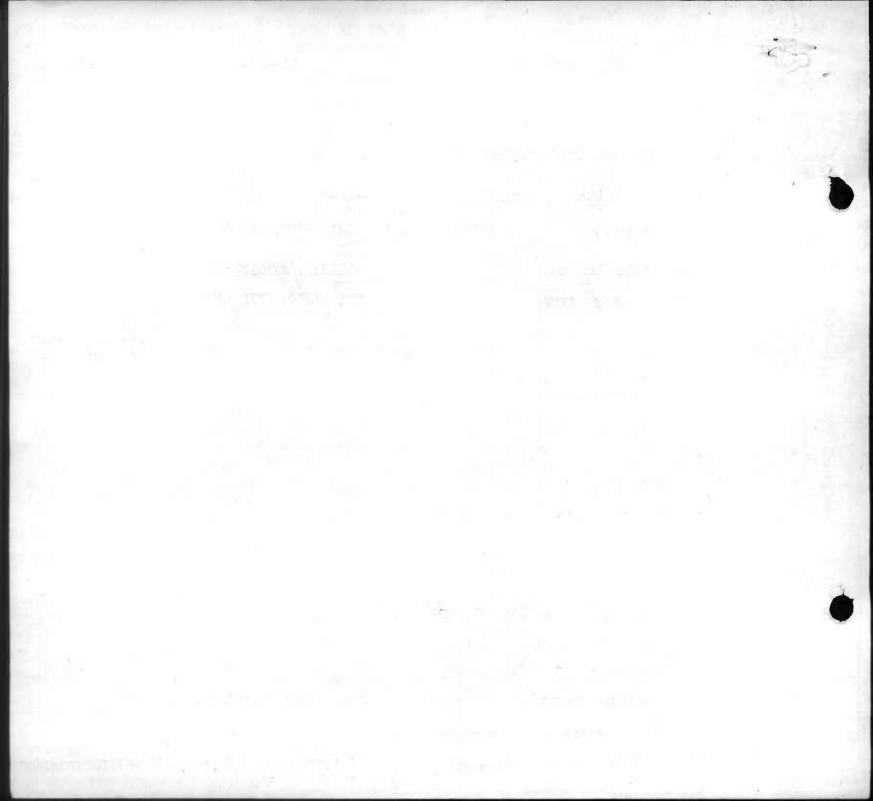
BALTIMORE CITY HEALTH DEPARTMENT



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on whe deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	BALTIMORE CITY	HEALTH DEPARTMENT	1	DE 400E0
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	65 12952
M.E. CASE NO. 1. NAME OF DECEASED	021(111107)		AND HOUR OF DEATH	
(Type or Print) Ralph Friedl:	andor		-15-65	2.25
RAIDII FILECIA				2:25 pm.
		Maryland		A Ch
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location) INSTITUTION	mian, give street	C. CITY OR TOWN (IF	autside city limits, write I	RURAL and give township)
13		Baltimore		05700
The Johns Hopkins Hosp	pital	Grasty Ro	(If rural, give lacation) 3d	
WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify) arried	6-10-18	9. AGE (In years lost birthday) 47	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if relired) MANUFACTURER	UNIFORMS	BALTIMORE,		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	4/12/010/0	14. MOTHER'S MAIDEN N		
Harry Friedlander		Lillian K	(***********	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of sen	SECURITY NO.	MRS. MARION	FRIEDLANDER	GRASTY RD
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last.	ease, (8) DUE TO			Dec. 15-1965
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE			
ED 1010 WAS PERFORMED	for which operation	NO	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, foctory, street, a etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exact lacation)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work			
22. I certify that (I) (this hospital) attention		24-3-	1965 to Dec	19.65.
that (I) (we) last saw the deceased alive	an 15 0 135. pm	19,65 and	that In (my) (aur) apl	nian death accurred on the date
and haur and from the causes stated aba	ve. (1) (We) (did) (did not)	riew the bady after deat	h.	
23A, SIGNATURE				23B, DATE SIGNED
- Sunio Ge	was Phy		Stoff Phys.	12-15-465
23C.PHYSICIAM'S NAME (Type) Sumio Uematsu	M.D.	The Johns	Hopkins Ho	spital
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR			ity, town, ar caunty) (State)
BURIAL 12/16/65	BALTIMORE HEBRE		REISTERATOWN	, MARYLAND
DEC 21 1865 OF O AT S	AME OF REGISTRAR	SOL TENTNEON		ADDRESS 010 RETSTEDSTAND DE

VS 150-REV. 1/1/65



Registered No. OF ACCU

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(Stote)

A.E. CASE NO.	65 12953	LEKTIFICATE OF DE	АІП	DO TYGOO
NAME OF DECEASED	IDA LIBOWITZ	2	DECEMBER 17,	
PLACE OF DEATH IN 8	ALTIMORE, MARYLAND	4. USUAL RESIDE	NCE (Where deceased lived 8. COUNTY	. If institution: residence befor
	not in hospitol or institution, give stre dress or lacotion)	MARY LAI c. CITY OR TOWN BALTIM	N (Il outside city limits,	write RURAL and give townshi
2315	KEN OAK ROAD	D. STREET ADDRES	ESS (If rurol, give locotion EN OAK ROAD	on)
SEX 6. RACE	7. MARRIED, NEVER WIDOWED, DIVO		Laure Interior Co. Co.	If Under 1 Yr. II U Months: Doys Hours

Il Under 24 Hrs. Hours : Min. Hours ! 11/4/1911 FEMALE WHILE MARKIEV IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) HOUSEWIFE AT HOME BALTIMORE. MARYLAND USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME HARRY ROSEN REBECCA

7. INFORMANT ADDRESS 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknawn) (If yes, give wor or dotes of service) SECURITY NO. MR. AARON LIBOWITZ 2315 KEN OAK ROAD

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, rise to the above cause (A) slating the UNDERLYING CONDITION last. ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION CERTIF WAS PERFORMED

21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined etc.) 21 D. TIME (Month) (Doy) (Year) (Hour 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work

22. I certify that (I) (this haspital) attended the deceased that (1) (se) last saw the deceased alive an and that in (my) (our) apinion death accurred on the date

and haur and from the causes stated above. (1) (We) (did nat) view the bady after death.

23A. SIGNATUR 23B. DATE SIGNED Attending M.D. Med. Stoff 12/17/65 Director Phys.

> JOSEPH SHEAR M.D.

12/19/65

6715 PARK HEIGHTS AVENUE

24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)

23 D. ADDRESS

BALTIMORE, MARYLAND WORKEMENS CIRCLE

FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS REISTERSTOWN VS 150-REV. 1/1/65

contributing (4) Undetermined in regular death Was or his assistant if IMPORTANT death fracture of any pronounced FUNERAL DIRECTOR: examiner physician chief medical any nature; (2) Body 0 the the body was released to the hospital approved by An accident of

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MEDIC

23 C. PHYSICIAN

NAME (Type

REMOVAL (Specify)

BURIAL

24A. BURIAL CREMATION, 248. DATE

No physician

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and

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deceased prior

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where

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hospital death)

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Amy superdated polari 140/11

IMPORTANT DIRECTOR: FUNERAL

12954 ERTIFICATE OF DEATH BIRTH NO. the death Such Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) LO aVL death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND It institution: residence of attendance B. COUNTY (2) canse FULL NAME OF (If not in hospital OR TOW (If outside city limits, write RURAL and INSTITUTION canse; 0 vacr 4 prior STREET ADDRESS (If rurol, give location contributing our ba made. etermined regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years pespese WIDOWED, DIVORCED (specify) lost birthdoy) Married OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) isposition (4) Und Was direct LO death T kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (It yes, give wor or dotes of service) SECURITY NO. MRS. IDA BLATT 1406 E. LOMBARD CAUSE OF DEATH attenda 10 DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH (This does not mean the made of dying, emba heart failure, asthenia, etc. It means the disease, 9 injury or complication which coused death.) nb ANTECEDENT CAUSES ho DUE TO DISEASES OR CONDITIONS, if ony, giving 8 rise to the obove cause (A) stating the UNDERLYING CONDITION lost. physician the remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFICATION physician DISEASE OR CONDITION CAUSING IT. Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF SEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 19A. DATE OF OPERATION the WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (It in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF fectory street, office bldg., INJURY OCCUR? home, torn, hospital <u>0</u> MEDICAL DEATH (notify medical examination) etc.) obtained 21 D. TIME (Hour) (Month) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At (APPROX.) pup Work any 22. I certify that (this hospital) attended the deceased from pe that 4 (we) lost saw the deceased alive on ond that in (ma) (our) opinion death accurred on the date o eath) hospital and hour and from the couses stated above. (We) (did) (did at) view the body ofter death, must accident 23A. SIGNATUR 0 Attending Stoff M.D. Med. 0 Director Phys. Phys. approval 0 23C. PHYSICIAN 23D. ADDRESS prior to o NAME (Type) UNION MEMORIAL HOSPITAL An M.D. HARRY JAMES BROWN DR. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) eceased 0.0 the body REMOVAL (Specify) written ROSEDALE, shows: MARYLAND BURTAL 12/19/65 RUDOMER VEREIN Was 20 NAME 9 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.65

If Under 1 Yr.

12. CITIZEN OF WHAT COUNTRY?

23B, DATE SIGNED

(Stote)

Months Doys Hours

454

ADDRESS

STREET

INTERVAL BETWEEN

ONSET AND DEATH

If Under 24 Hrs.



Jacob -

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MR. CASE NO. 1. HAME OF DECASED HARRY DISCHLER 2. PALACE OF DEATH IN SALTIMORE, MARTLAND PULL NAME OF MOSPITAL OF CONSTRUENCE INSTITUTION OSPITAL OF MOSPITAL OF CONSTRUENCE INSTITUTION OSPITAL OF COUNTY OF MARKED, NAVE M		BALTIMORE CIT	Y HEALTH DEPARTMENT	
ALE CASE NO. INAME OF DEATH IN BALTHMOSE, MARTIAND PULL NAME OF MOSTIAL OR Office and	BIRTH NO. 65 12	CERTIFICA	ATE OF DEATH Registered	No. 65 12955
The period of th	M.E. CASE NO.	CERTITIE/	The state of the s	ATU
HOSPITAL OR MODERN STEELED OF STREET ADDRESS OR CONDITION DIRECTLY LEADING TO DEATH (This does not inchose) If not in bespital or institution, give sheet diddess or incollege. (AMERICAN STREET) (AMERI	(Type or Print) HARRY	DISCHLER		
HOSPITAL OR MODERN STEELED OF STREET ADDRESS OR CONDITION DIRECTLY LEADING TO DEATH (This does not inchose) If not in bespital or institution, give sheet diddess or incollege. (AMERICAN STREET) (AMERI	3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission)
BALTINORE BALTINORE D. STREET ADDRESS D		ar institution, give street	****	21-37
6216 WOODCREST AVENUE 6217 WOODCREST AVENUE 6217 WOODCREST AVENUE 6218 WOODCREST AVENUE	INSTITUTION			vite RURAL and give township)
MALE WHITE MARRIED MARRIED APRIL, 1895 70 Months; Days Mours Min. MARRIED MA	6216 WOODG	CREST AVENUE	D. STREET ADDRESS (If rurol, give location 6216 WOODCREST AVENU	Ë
13. FATHERS NAME MRK DISCHER 14. MOTHERS MAIDEN NAME MRK DISCHER 15. Was Deceased Ever in U. S. Armed Forces? 16. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 18. J.		WIDOWED, DIVORCED (specify)	lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MARK DISCHER 15. Was Deceased Ever in U. S. Armed Forces? (15. No. 1	dane during most al working tile, even if retired)	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	WHAT COUNTRY?
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DISEASES OR CONDITIONS, il any, giving rise to the abave couse (A) stoting the (C) UNDERLYING CONDITION last. Condition last.	ANTECEDENT CAUSES			
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19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21D. TIME	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELAD DISEASE OR CONDITION CAUSING I	ATED TO THE		
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21D. TIME OF INJURY (Manth) (Day) (Yea) (Hour) 21E. INJURY OCCURRED While At Work 21E. INJURY OCCURRED While At Work 22E. I certify that (I) (this hospital) attended the deceased fram 1950 to 1967 that (I) (we) last sow the deceased alive an 1960 and that In(my) (aur) opinion death accurred an the dot and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death.	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street,	in or obout 21 C. WHERE DID (If in Bal office bldg., INJURY OCCUR?	timate City, give exact facation)
that (I) (we) Tast sow the deceased alive an	OF INJURY (Month) (Day) (Year)	While At Not Wh	nite [T]	n
that (I) (we) Tast sow the deceased alive an	22. I certify that (1) (this hospital) attended the deceased fram	1950 to	NOC 16 19 65
	that (1) (we) Tast sow the decease	ed alive an Dec / (opinion deoth accurred an the dote
		ted abave. (I) (We) (did) (did mor)	view the bady after death.	DATE CICHED

Med. Directo

(City, town, or county)

(Stote)

23C. PHYSICIAN'S NAME (Type) JOSEPH GROSS

> 24B. DATE

HEALTH DEPT.

23D. ADDRESS **AVENUE** 6911 PARK HEIGHTS

M.D. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

HEBREW FRIENDSHIP 12/19/65

BALTIMORE, MARYLAND

BROS. INC. 6010 RETSTERSTOWN

2 VS 150-REV. 1/1/65

24A. BURIAL CREMATION, REMOVAL (Specify)

BURIAL

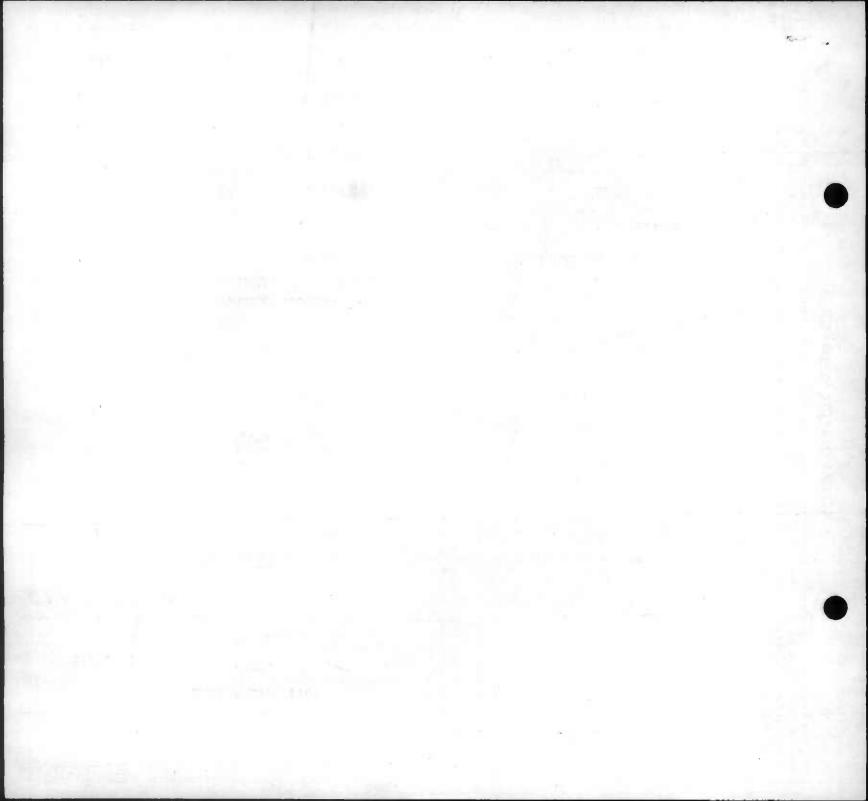


FUNERAL DIRECTOR: IMPORTANT

of death Deceased death. ance rect or contributing cause (4) Undetermined cause; (5) attend prior regular deceased disposition 2 Mas the death no final attendance any pronounced 10 med fracture of embal OF regul GLO 4 L remains Was physician the (2) Body the 0 efore where the hospital 2º any nature; obtained 9 approved (except and of hospital 2 shows: (1) An arriver deat must 0 approval 0 prior ā D.O. A. eceased Was

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 65 12956 Registered No.65 12956 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DECEMBER 17, 1965 DAVID SCHULMAN 5:30 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, BALTIMORE 5408 CLOVER ROAD D. STREET ADDRESS (If rurol, give locotion) 5408 CLOVER ROAD 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours ! WIDOWED, DIVORCED (specify) lost birthday MALE WHITE 1901 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. 01 TIPPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
CHAUFFER TAXI CAB RUSSIA 13. FATHERS NAME 14. MOTHERS MAIDEN NAME LINKNOWN GERSHURN SCHULMAN 17. INFORMANT SCHULMAN 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. MRS. REBECCA XXXXXXXXXX 5408 CLOVER ROAD RX NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the UNDERLYING CONDITION last. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined etc.) MEDIC. (Month) (Doy) (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) tast saw the deceased alive on. and that in(my) (age) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 12/18/65 M.D. Attending Med. Stoff Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) JOSEPH GROSS 6911 PARK HEIGHTS AVENUE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) BALTIMORE BURIAL MARYLAND 12/19/65 WORKMENS CIRCLE 250 NAME OF REMSTRAR 25C. FUNERAL DIRECTOR LEVINSON OF BROS. INC. 6010 REISTERSTOWNED



IMPORTANT

DIRECTOR:

FUNERAL

BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF (If not in haspital at institution, give street HOSPITAL OR address or lacation) INSTITUTION Hospital Secours 5. SEX 6. RACE

done during most of working life, even if retired)

15. Was Deceased Ever in U. S. Armed Forces

0.

UNDERLYING CONDITION lost

(Yes, na ar unknown) (If yes, give was ar dates of service)

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease.

DISEASES OR CONDITIONS, if any, giving to the obove couse (A) stating the

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

injury or complication which caused death.) ANTECEDENT CAUSES

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male

CERTIFICATION

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approved

nature; **

of

accident 0 prior at An

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BALTZ 13. FATHER'S NAME

white

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY

CERTIFICATE OF DEATH

Registered NoCE 40055

Hrs.

LOID		00	TYOU	
	2. DATE AND HOUR	OF DEATH		
	12/15/65- 4	1: P. m.	4:	P. A
Incl.	B. COUNTY	2 8 d	c/ residence before	admissian
Balti	WN (If outside city li		and give township)
D. STREET ADD	ORESS (If rural, give	location)		

213. WICKh	am Kd -	2/229
B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours M
1-2- 1898	67	
11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?

Hammond

14. MOTHERS MAIDEN NAME

Margaret

17. INFORMANT ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED

21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in all about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) ofc.)

21D. TIME (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY

MEDIC Not While While At (APPROX.) Work At Wark

22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive on. and that in(my) (our) apinion death accurred on the date

and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.

7. MARRIED, NEVER MARRIED

WIDOWED, DIVORCED (specify)

6. SOCIAL

SECURITY NO.

J. W. DOZ	eshkrain	M.D.	Attending Phys.	Med. Director	Stoff Phys.	12/15 /63
J NAME (Type)	have		23D. ADDRESS	10-1	e 11ho	1100 11-11

SECOURS 24A. BURIAL CREMATION, 24B. 24D. LOCATION

REMOVAL (Specify) 194

REC'D BY HEALTH DEPT. 25B. NAME OF 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

A CONTRACTOR OF THE PARTY OF TH

IMPORTANT

DIRECTOR:

FUNERAL

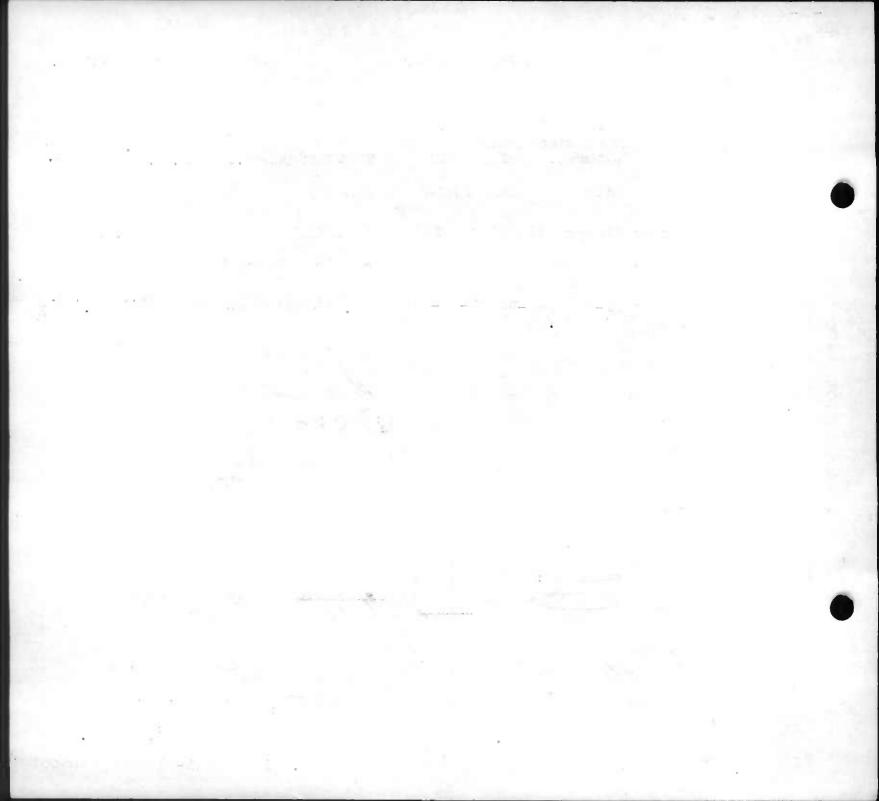
BALTIMORE CITY HEALTH DEPARTMENT Registered No.65 12958 65 12958 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2, DATE AND HOUR OF DEATH (Type or Print) DEMBECK, Joseph Chester 12/18/65 6:30 A. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE CITY HOSPITALS (If rurol, give location) 811 S.Streeper BALTIMORE 4940 Eastern Avenue D. STREET ADDRESS Baltimore, Maryland 21224 XYAO EXXIONATION Balto Md. 21224 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify)
Never married Male White 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Gen Worker Tinner Tin Plate Mill MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME casmira Sitarski Michael Dembeck 15, Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. RECORDS: BCH. 4940 Eastern Ave. Balto.Md.21224 MRs. Frances KEY Ciernak 811 S. Stre II-8/26/42-50217-07-4345 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. S 20A. AUTOPSY? (Yes or No) 20 F IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED U OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., tNJURY OCCUR? DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 2/20 and that in (my) (our) apinion death accurred on the date that (1) (we) last saw the deceased alive an and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Stoff Director Phys. 23C.PHYSICIAM S NAME (Type) CLAYTON MORAVEC 23D. ADDRESS 4940 Eastern Avenue, Balto. Md. 21224 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 12/22/65 6515 Boston St, Balto. Md Burial St.Stanislaus Cem DEC 21 1968 (1) O. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Fialkowski-Marie 1000

VS 150-REV. 1/1/65

deceased

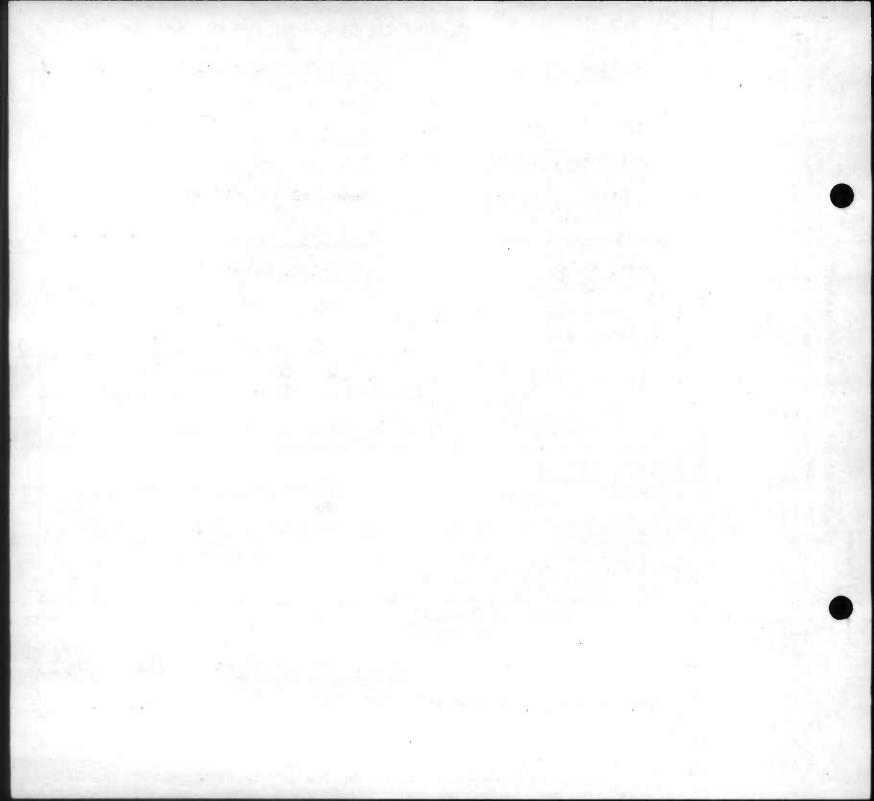
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FUNERAL DIRECTOR: IMPORTANT

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3/	Balt	timore Easte		ospitals	Baltimore D. STREET ADDRESS (IF	rural, give location)	
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13. F	FATHER'S NAME		1 0 1/11	HOME	14. MOTHER'S MAIDEN NA	ME	
	Sonfauth	Frank			Emadamiale I	Inlam	
15. V	Seafouth	J. S. Armed For	rces?	1 6. SOCIAL	Frederick, F	тетеп	ADDRESS
(Yes,	, na or unknown) (If yes,	give war ar date	es of service)	SECURITY NO.		1010	711 - 711
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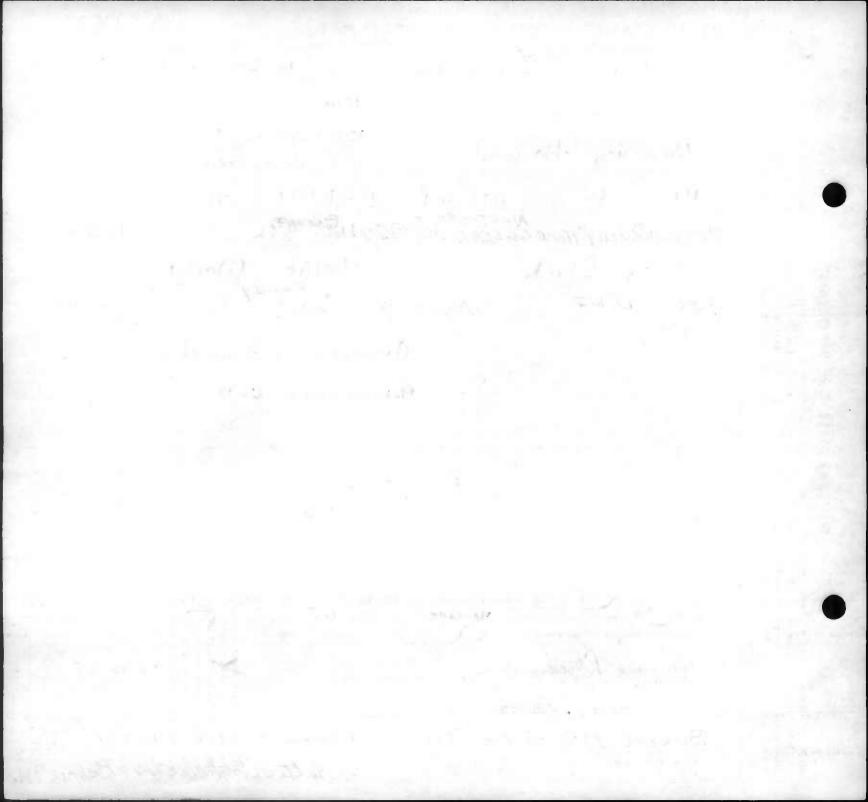
BIRTH NO.

M.E. CASE NO.

r if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased the Such I. NAME OF DECEASED (Type or Print) uo. a hospital eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance A. STATE FULL NAME OF (If not in hospital or institution, give street O HOSPITAL OR oddress or location) C. CITY OR TOWN attend 0 D. STREET ADDRESS prior University regular mad 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 6. RACE deceased WIDOWED, DIVORCED (specify) Oct. 1894 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired)

MARTINEO disposition ... GREENE, RETIRED SECURITY OF New Was A. MOTHER'S MAIDEN NAME the or his assistant if Henry death 0 kind: 15. Was Deceased Even in U. S. Armed Forces 6. SOCIAL or final (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. attendance W.WI any pronounced DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not meon the mode of dying, heart failure, osthenia, etc. It means the disease, the chief medical examiner examiner. O injury or camplication which coused death.) regul ho ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, if any, giving 3 <u>e</u> rise to the obove cause (A) stating the physician UNDERLYING CONDITION lost the remains Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) the 0 before NO by (2) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where to the hospital °N DEATH (notify medical exominet) any nature; þ MEDIC obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 9 OF INJURY approved (except Not While While At (APPROX.) At Work ; and Work 22. I certify that (1)((this hospital) attended the deceased from 10 Dec that (1)((we) last saw the deceased alive on 16 Dec An accident of death) hospital and hour and from the causes stated above. (IX(WeX(did))(dld not) view the body ofter death. the body was released must 23A. SIGNATURE certificate must Attending Med. M.D. 0 Phys. Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior 40 NAME (Type) Barbara
24A. BURIAL CREMATION, 24B. Johnson shows: (1) eceased was D.O. REMOVAL (Specify) MORE NALIONAL 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25CA FUNERAL DIRECTOR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No.55 12961 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH December 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside city limits, write RURAL and give township) (If rurol, give location) temestead 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Hours lost birthdoy) 12. CITIZEN OF WHAT COUNTRY? MA Warch ADDRESS FAMILY SAME INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 2) F. HOW DID INJURY OCCUR? 16 Dec ond that in (my) (our) apinion death accurred on the date 23B. DATE SIGNED Stoff -24D. LOCATION (Stote) BALTO,

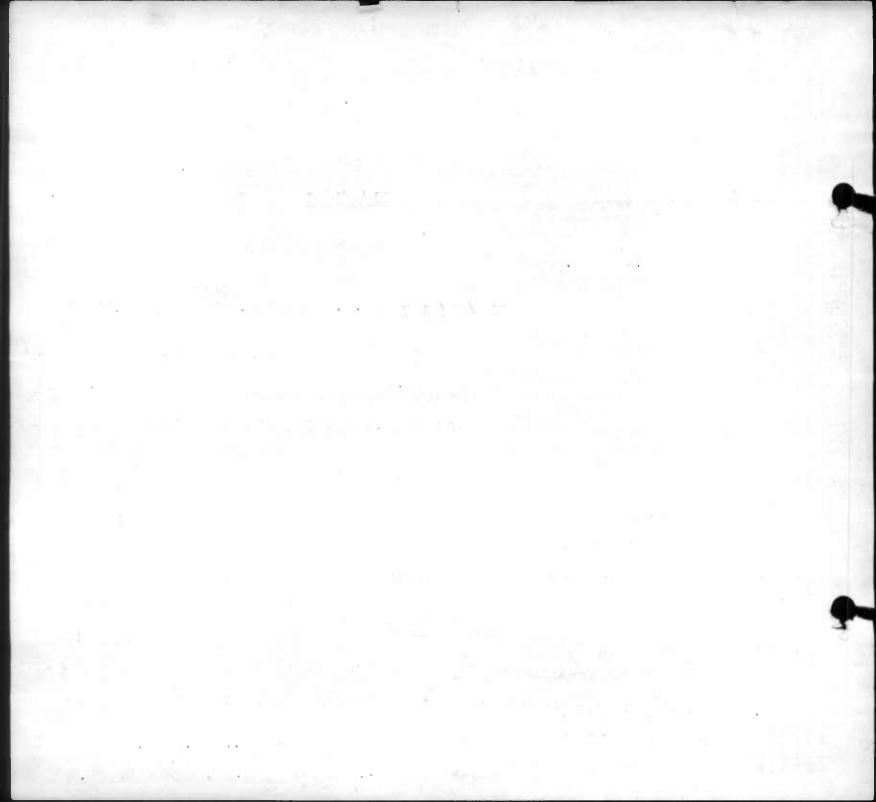


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don	MACHINIS			ING MFG.	MAR	YLAND			T COUNTRY?	
13.	ADAN	1 SCHRIE	BER- S	chreiber		SA WOPP				
15. (Yes	WAS DECEASED EV , no or unknown) (II ye	ER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO. 2-09-7520	17. INFORMAN ELEANO		1950 WARE			1222
ERTIFICATION	(This does not me heart failure, asthining or complication of the complete of	R CONDITION DI DING TO DEATH eon the mode of sino, etc. If meons tion which coused CENDENT CAUSE ONDITIONS, IF A DVE CAUSE (A) S' ONDITION LAST. II ANT CONDITIONS IH BUT NOT RE	dying e.g., the discose, death.) ES NNY, GIVING TATING THE CONTRIBUTIN	(A) Arterious To	OF DEATH	ic Heart	Disease.		INTERVAL B	
CERTIF	19A. DATE OF OPE	WAS PER	FORMED		Y	es	208. IF YES, WERE FIT IN CERTIFYING CAUS	SES OF DE	ATH?	
MEDICAL	21A, EXTERNAL CA UNDERLYING OR UTING CAUSE OF	CONTRIB-	21 B. I home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	MELLIN			ve exoct lo	cotion)	
2	OF INJURY (APPROX.)	nth) (Doy) (Yeo		HILE AT NOT AT W	WHILE	HOW DID INJE	JRY OCCUR?			
			nquiry \(\text{uses \(\text{X} \)} \)	Inspection Au	e Ham CHIEF		AMINER 🖾		DATE SI 12/17/	
	BURIAL CREMATING AOVAL (Specify)	23B DATE	/1965	OAK LAWN	CREMATORY	77.4	LTO. CO.	town, or o	county)	(Slote)
24/	. DATE REC'D BY H	EALTH DEPT.	24B. NAME	OF REGISTRAR	No No	TRAL DIRECTOR		A	MD.	
VS	151-REV. 1/1/65		1 9	5 5 0 1		5				

V.s. 153 12-27-65 M.H.

	BALTIMORE CIT	Y HEALTH DEPARTMENT	05 40000
BIRTH NO. M.E. CASE NO. 65 12	962 CERTIFICA	ALE OF DEATH V	65 12962
	M ALOYSIUS BOYLE	2. DATE AND HOUR OF DEA	8 05 A
3. PLACE OF DEATH IN BALTIMORE, MA FULL NAME OF (If not in hospital HOSPITAL OR address or location)	or institution, give street	4. USUAL RESIDENCE (Where docoosed lived. A. STATE 8. COUNTY MD. BALTIMORE C. CITY OR TOWN (If outside city limits, wi	If institution; residence before admission
O ZTOULD CONVA	LESCORIUM	ROSEDALE 21206 D. STREET ADDRESS (If rural, give locotion)	53-00
5. SEX 6. RACE AUCASIAN MALE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	1512 NEIGHBORS AVE 8. DATE OF BIRTH 9. AGE (In yours lost birthdoy) 11/5/1891 74	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min,
dane during mast al working life, even if retired) MACHINIST	CANNING MFGR.	MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA
WILLIAM D.	BOYLE	MARY ADAMS	
15. Was Deceased Ever in U. S. Armed Fa (Yas, no or unknawn) (II yes, give war ar dat	es of service) SECURITY NO.	17. INFORMANT 2467 WM.A.BOYLE, JR. DUNI	FAIRWAY
hearl failure, asthenia, etc. II mean: injury or complication which causes ANTECEDENT CAUSE: DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.	any, giving slating the ARICRI	OFONARY THRUMBOSI	
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify modical example)	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (o.g., home, form, locary, street, home,	in ar about 21 C. WHERE DID (II in Balti office bldg., INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH? More City, give exect location)
OF INJURY (APPROX.) (Manth) (Day) (Year)	44 4	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this haspite that (I) () last sow the deceas	d) attended the deceased from	11-28-62 19 to 19.65 and that in (my) (am)	opinion death occurred an the dat
ond hour and from the causes sto 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. SC 1-		Med. Stoll Phys. 23D. ADDRESS	12.18.65 BALTO. MD.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) BURIAL, 12/21, 25A. DATE REC'D BY HEALTH DEPT.	24C. NAME OF CEMETERY OF COAKLAWN 258. NAME OF REGISTRAR	REMATORY 24D, LOCATION BALTO CO 250, FUNEDAL DIRECTOR	(City, town, or county) (State)
DEC 21 1965 P. O. VS 150-REV. 1/1/65	A Entrollings	W. BROOKS BRADLEY,	DUKDALK, MD.



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and with body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH N		ATE OF DEATH Registered No. 05 12903
M.E. CA	ASE NO.	2. DATE AND HOUR OF DEATH
(Type or	Print Richard N. Davidson	12/17/65 193 A.M
3. PLAC	E OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
		A. STATE B. COUNTY
	NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTI	TUTION	Q. 14.
10	5.	D. STREET ADDRESS (If rurol, give location)
4.	21 P. ich 5t.	478.2
S. SEX	6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs.
M.	WIDOWED, DIVORCED (specify)	lost birthdoy) Months Doys Hours Min.
///	JAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	17 11. GIRTHPLACE (State or foreign country) 12. CITIZEN OF
done dur	ing most of working life, even if retired)	WHAT COUNTRY?
754	CK Briver meat	Maryland U.S.A.
3. FATI	HERS NAME	14. MOTHERS/MAIDEN NAME
J	hal Davide and	Margaret Leazier
15. Was	Deceded Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT CADDRESS
(Yes. no.	or unknown) (If yes, give wor or doles of service) SECURITY NO.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10	215-10-0381	Hunie Varidson 421 grrish St
18.	420.11	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Coronaries thrombosis
(Th	is does not mean the made of dying, e.g., (A) DUE TO	
hed	ort failure, osthenio, etc. It meons the diseose, ary or complication which caused death.)	durant 16.0 mm di
inte	ANTECEDENT CAUSES (8)	Alreosclerone C. O. M.
	DUE TO	feriosclerodhic. v. Ai. eage, Bronchise assuma "Bronchists, Emphyselme pul,
	EASES OR CONDITIONS, if any, giving to the abave couse (A) stating the (C)	Bruchitts, Einfhiseline pul.
	DERLYING CONDITION lost.	
	HER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE	27
	SEASE OR CONDITION CAUSING IT.	
ERTIFIC	DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E O		
OR	ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., home, lorm, loctory, street,	office bldg., INJURY OCCUR?
U	ATH (notify medical examiner) etc.)	
WOE	TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
>	PROX.) While At Work At Work	ile
22.	I certify that (1) (this hospital) attended the deceased from	June 21 1962 10 NOV. 27 1968
		17 1965 and that in (my) (our) opinion death occurred on the date
	hour and from the couses stoted obave. (I) (We) (did) (did not)	
23A	SIGNATURE (A XI CANON M.D. A	23B. DATE SIGNED
	accept the property of the pro	thending Med. Stoff Phys. 12-18-65
23 C	PHYSICIAN'S NAME (Type) D / 2 CAS //	23D. ADDRESS
	ALBINAS ALIMAS M.C	. 2030 Wilkens ave, Balto ma enez
24A. BL	RIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C	REMATORY 24D, LOCATION (City, lown, or county) (State)
17.	MOVAL (Specify) 12/20/65 501 12/20/65	of Maril
125 A. DI	1191 DENWANTE LEN	25C. PUNERAL DIRECTOR ADDRESS
	DEC 21 1975 O. D. A. So January	14 145 76 19 14 DUST. Sts
VC 100	DEC by 1900 Clycoln of	WELLEYS FUNERAL MOME GLATIA TRICKER
A2 120-	REV. 1/1/65	

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anteriorelizador o. e. eleindependente de como eleindependente de c

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albinos Klimas Alginas Klimas

2030 Willem Ane, Bar-

	751
)	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death in anture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	the hospital by a medical examiner or his assistant if death occurred the hospital by a medical examiner. Also, if the direct or contributing nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined (except where the physician who pronounced death was in regular and (6) No physician was in regular attendance on the deceased probtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	An An
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

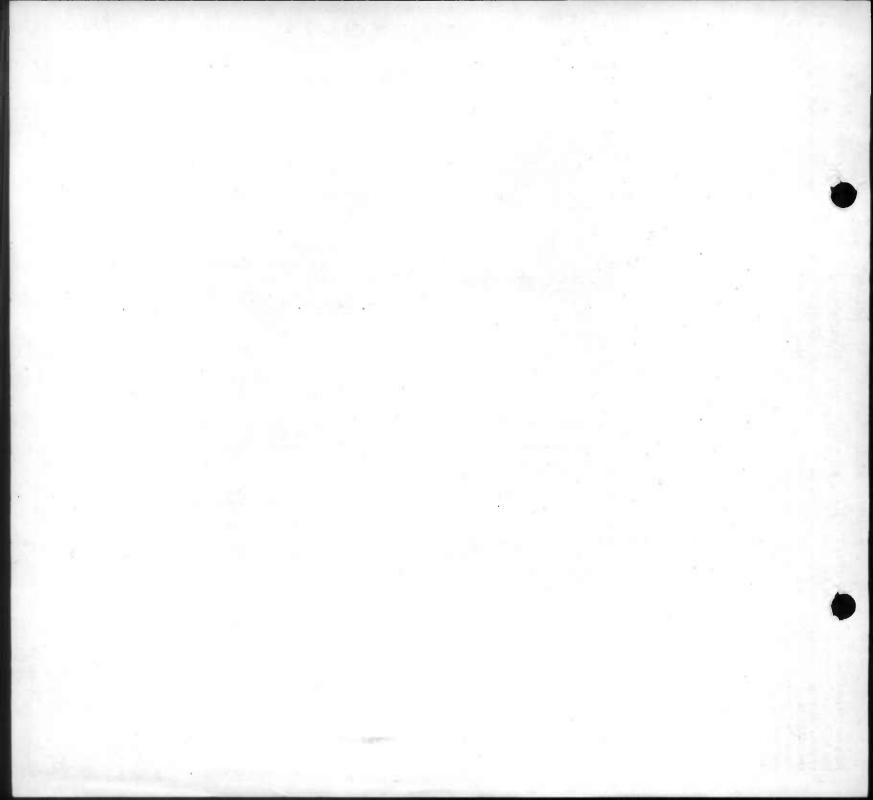
		HEALTH DEPARTMENT		
BIRTH NO. 65 12964 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 12964
1. NAME OF DECEASED GEORGE R	. Bogan	2. DATE AF	D HOUR OF DEATH	1 6 15 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institu	tion also about	4. USUAL RESIDENCE (Whe A. STATE B. COUN	re deceased lived. If in	stitutian: residence before admission)
HOSPITAL OR oddress or location)		Balto.	tside city limits, write I	RURAL ond give tawnship)
7 Mercy Hospi	10-1		rural, give location)	
WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 2-17-17	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (Stole or fore Richman, Nort		12. CITIZEN OF WHAT COUNTRY?
Walter H. Bogan		14. MOTHERS MAIDEN NA Sallie P. O'		
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give wor or dates at serv	ice) 16. SOCIAL SECURITY NO.	17- INFORMANT	00 12 1	ADDRESS
No	241-07-3825	Mrs.Ruth Bogan	23 N. Ar	nn Street
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O		e de ma	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, heart laiture, asthenia, etc. It means the distinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, give to the above cause (A) stating UNDERLYING CONDITION last.	(B) Lob	ar preumonia		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING DITHE ASCUD del	hydration Laen	necs ciriba	51')
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 1994. DATE OF OPERATION 1984. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N.	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, larm, foctory, street, of etc.)	n ar about 21 C. WHERE DID INJURY OCCUR?	(II in Baltimare	e City, give exoct location)
21 D. TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		JURY OCCUR?	
22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive	- 1 11		19 65 to	nion death accurred on the date
and have and from the causes stated abo	ve. (I) (We) (did) (did nat) v			
23A. SIGNATURE Le Obbins	m.D. Atte	ending Med. S. Director	Staff Phys.	12/16/65
23C.PHYSICIAMS NAME (Type)	M.D.	23D. ADDRESS		y 35 - Let 3 18
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ity, tawn, or county) (State)
Removal Dec.17,1965	AAF OF BEGISTEAD		Rockingham	North Carolin
DEC 21 1965 (P. O. 16- 2)	The DEMAN ()	Wm Cook -Bro		1217 St.Paul Street
/S 150-REV. 1/1/65	AND COMPANY AND COMPANY	3 / 4		

To the second of
rgb

			BALTIMORE CITY	HEALTH DEPARTMENT	1	E 1000E		
BIRTH NO.	65 1296	5	CERTIFICA	TE OF DEATH	Registered No.2	5 12965		
M.E. CASE NO 1. NAME OF D (Typo or Print)	ECEASED	Thomas S	Shreve		and hour of death 16, 1965	5:38	A	
3. PLACE OF E	DEATH IN BALTIMORE, MA			A. USUAL RESIDENCE IWI	hore deceased lived. If ins	stitution: residence before o	odmission)	
FULL NAME OF HOSPITAL OR oddress or locotion) US Public Health Service Hospital			Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
			Dickerson 65-00					
	n Pk. Drive & 1			D. STREET ADDRESS	If rurol, give location)		V	
5. SEX	6. RACE	Mari	D, DIVORCED (specify)	11/15/09	9. AGE (In years lost birthdoy) 56	If Under 1 Yr. 11 Under Months Doys Hours	er 24 Hrs. Min.	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Farmer				Md.	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S N	AME			14. MOTHER'S MAIDEN NAME				
Thom	nas Shreve			Stella He	ffner			
15. Wos Deceos (Yes, no or unkno None	sed Ever in U. S. Armed Fo own) (If yes, givo wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 318 - 349-537	Records- US I	PHS Hospital,	Balto, Md.		
18. / 🥎	7XI		CAUSE OF	DEATH		INTERVAL BETW		
DISE	ASE OR CONDITION DI	RECTLY	IInd:	ifferentiated :	onset and di	AIH		
(This does	LEADING TO DEATH Undifferentiated adenocarcinoma, (A) DUE TO Primary probably prostate							
heart foilu	re, asthenio, etc. II meons camplication which caused	the diseose,						
	ANTEGEDENT CAUSES (B) PYOI			nephrosis, right		Mos.	-4	
DISEASES	OR CONDITIONS, if	DUE TO INT	onic meningitis	Mos.				
rise ta	the abave cause (A)	(C)	cord	** ** ** ** * * * * * * * * * * * * *	*****************************			
ONDEREIS	UNDERLYING CONDITION last.							
E TO THE	GNIFICANT CONDITIONS (DEATH BUT NOT REL OR CONDITION CAUSING	TED TO TH	G HE					
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE F	INDINGS CONSIDERED		
OR CONTR	DENT WAS UNDERLYING DENTING CAUSE OF wify medical examiner	B. PLACE OF INJURY (e.g., in ne, form, foctory, street, off)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	Ilf in Boltimoro	City, give exect locotion)			
21 D. TIME OF INJURY IAPPROX.)	21D. TIME (Month) (Doy) (Year) IHour) 21E. INJURY OCCURR			21F. HOW DID IN				
22. I certi	ify that (1) (this hospita) attended t	the deceased fram	Aug. 10	19 65 ta De	c. 16	65	
	ve) last saw the decease			19 65 and		nian death accurred an	the date	
23A. SIGNA			The stay when down		23 B. DATE SIGNED			
1	Tomas fle M.D. Aton Phys.				onding Mod. Stoff Phys. X			
NAME	Attonding Mod. Director Stoff Phys. 12/16/65 23C. Physician's NAME IType Thomas J. Lau, Surgeon (R) M.D. Attonding Mod. Director Phys. 12/16/65 23D. ADDRESS W.D. US PHS Hospital, Balto, Md.							
24A. BURIAL C	REMATION, 248. DATE		AME of CEMETERY OF CRE			y, town, or county)	(Stote)	
Buria	L ISpecily) L Dec 18		OVER COLL	Tage FUNEAU COM	Zeallsvills	e, Marylan	w-	
ZJA, DATE REC	ADOL A -		1 /0 /0	25C. FUNERAL DIRECTO	12 11 An- 1	ADDRESS	7.	
VS 150-REV. 1/	1/65	A CONTRACTOR	SAUD U ()	11 Willen	W. Millon	Dancesella	S, Mc	

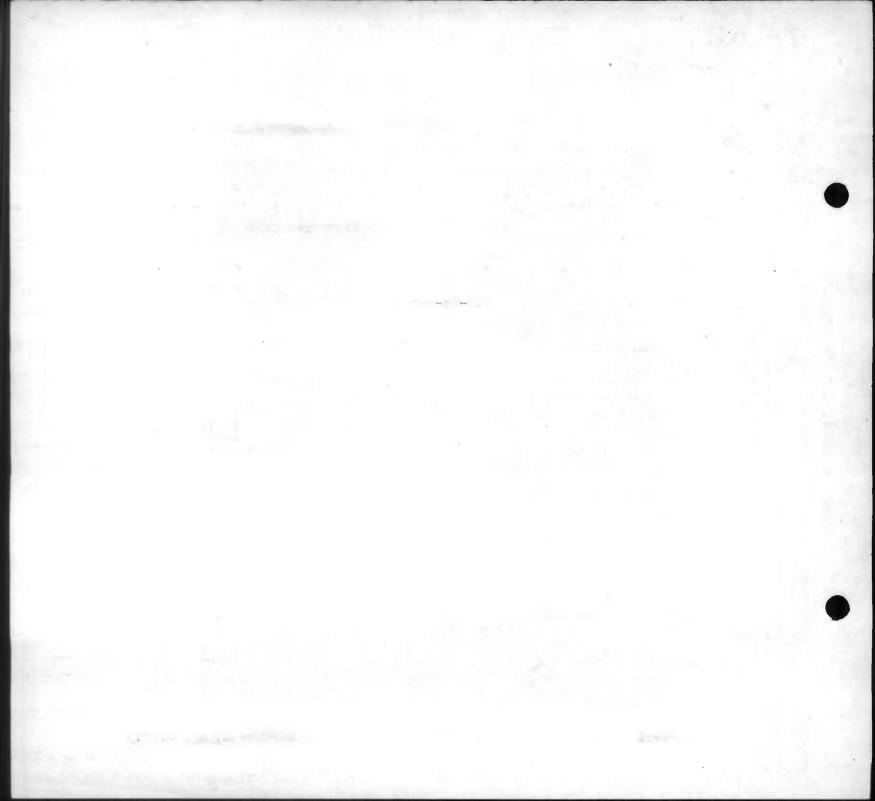
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		65 12	966	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE 40000									
BIRT	TH NO.	00 12	000	CERTIFICA	TE OF DEATH	Registered No.	65 12966									
	AME OF DEC	*FA SED		OEKT II TO		ND HOUR OF DEATH										
	pe or Print)	Mildred R. F	isher			mber 19, 196	55									
3.	PLACE OF DE	ATH IN BALTIMORE MA					stitution: residence before admission)									
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION 3502 Clifton Avenue Clifton Nursing Home					A. STATE B. COUP	ALLA)^ ^									
					Maryland c. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give locotion)											
											Baltimore, Ma	-	21216			1 30
									5. 5	EV	6. RACE		NEVER MARRIED	3024 North C	9. AGE (In years	et 18 If Under 1 Yr., If Under 24 Hrs.
	-		WIDOWED	, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.									
	emale	White		orced	2/18/1895	70	la cireri es									
		working life, even if retired)	IUB, KIND OF	BOSINESS OK INDOSIKI	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?									
	Retired	- School	Tea	cher	Maryland											
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME										
	John	Reiser			Alice Noyes Wilburn											
15.	Wos Deceose	d Ever in U. S. Armed Fare	ces?	1 6. SOCIAL	17. INFORMANT	Dwo en e	ect Park Plaza									
(Te		n) (If yes, give wor or dote	s of Service)	SECURITY NO.	Mm John D Mo											
-	No	None		CALLSE	Mr. John R. Ma	rum Frederi	INTERVAL BETWEEN									
	Hd	0. /	FOTIN	CAUSE	OF DEATH	_ 0	ONSET AND DEATH									
	IDISEA	SE OR CONDITION DIR	ECILY		Coronary	Therento	in Sind for									
		nal meon the mode of		DUE TO		Thremta	ms decareer									
	heart failure,	, asthenia, etc. It means mplication which coused	the discose,		^		4									
	ANTECEDENT CAUSES (B) Chronic surface active discovered designation															
	DISEASES	OR CONDITIONS, if	anu siuina	DUE TO		/	•									
		ne above couse (A)		(C) 1	Julian C	CAL										
	UNDERLYING CONDITION last.															
-	- II Whatis Warlanses															
ATION		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING HEPaties Circles ,														
	DISEASE OR	CONDITION CAUSING I	Т.	WHICH OPERATION	20A. AUTOPSY? (Yes or N	all 200 IE was misse	SINDINGS CONSIDERS									
ERTIFIC	ITA. DATE O	WAS PERF	WHICH OPERATION	ZOA. AUTOPSTYTTES OF IN	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?										
CER	21 A. ACCIDE	ENT WAS UNDERLYING	218	PLACE OF INITIRY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	e City, give exoct locotion)									
AL	OR CONTRIB	UTING CAUSE OF	hom etc.)	e, form, foctory, street, c	ffice bldg., INJURY OCCUR?	ti iii ooiiii.ore	ony, greenen									
U																
MEDI	OF INJURY	PID. TIME (Month) (Doy) (Year) (Hour) DF INJURY		INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?										
<	(APPROX)		Wor	le Al Not Whi												
	22. I certify that (1) (this haspited) attended the deceased from Och 3, 1965 to 500, 19 65,															
	that (1) (w) lost sow the deceased alive an DEC 19, 1965 and that in (my) (ge) opinion death occurred on the date															
					view the body ofter deoth.											
	23A. SIGNAT		//	, () (did) (did iloi)	The body offer deom.		23B, DATE SIGNED									
	3/	1 51	Oh.	M.D. AH	ending Med.	Stoff										
	Macricel, Millille Phys. Director Phys. Director Phys.															
		3C. PHYSICIAN'S NAME (Type)														
				M.D.	3300 Vr, 1	rorth a	ne, Ballo, mid,									
24	REMOVAL	EMATION, 24B, DATE (Specify)	24C. NA	ME of CEMETERY of CR	EMATORY 24D. 1	OCATION (Ci	ly, town, as sounty) (State)									
	Brema:		1965 I	oudon Park Ci	cematory Ba	ltimore, Mar	rvland									
25/	DATE REC'E			F REGISTRAR	25C. FUNERAL DIRECTO		A MODERESS IN									
	DEC	RT 1900 (TOKE	ME CA	Disserred O	17/12 15772h	Breas + 8	Julio pull. 11									
VS	150-REV. 1/1/	/65	1 1	967	The state of the s	- 1070	June 1 1									



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CITY	HEALTH DEPARTMENT						
BIRTH NO. 65 12067	CERTIFICA	TE OF DEATH	Registered No	12967				
I.NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	- 20				
(Type 01/21/CES. D.41/13		12/2	0/65 5	a m				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	PLACE OF DEATH IN BALTIMORE, MARYLAND			on: residence before admission)				
FULL NAME OF (If not in hospital or institu	FULL NAME OF (If not in hospital or institution, give street			Bulle				
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give fawnship)							
11 to 1/ est	Sudbrook Park (Pikesville) D. STREET ADDRESS (If rurol, give locotion)							
University Hospita	md.	510 Sudbrook Pd 8						
(A) WID	OWED, DIVORCED (specify)		AGE (In years If I Mor	Under 1 Yr. If Under 24 Hrs. offis Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BERTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY?				
Housewife	omestre	Pennsylvania		USA				
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	10.7910					
James ALBERTS	TARKEY	Preole	-, Lillie H.					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give wor or dotes of ser	vice) 16. SOCIAL (SECURITY NO.	17. INFORMANT	1	ADDRESS				
Tres, no or diskind with the year, give wor or doles of ser	216-03-4845 B	Hustano	6 80	tme				
18. / 7 A V I	CAUSE O	F DEATH		INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	0			ONSET AND DEATH				
LEADING TO DEATH	e.q., DUE TO	rcenominosi	0					
(This does nal mean the made of dying, heart failure, asthenia, etc. It means the dis	ease,	01.	_					
	LEADING TO DEATH (This does nal mean the made af dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) (A) Cartemogration (A) Cartemogration (A) Cartemogration (A) DUE TO							
ANTECEDENT CAUSES	DUE TO	го в осо осо то то в осо осо осо осо осо осо осо осо осо 		mumbaaa kiraaa oo aa aa caa aa				
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating		9						
UNDERLYING CONDITION last.	INDERLYING CONDITION lasi.							
OTHER SIGNIFICANT CONDITIONS CONTRIB	THER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO								
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
I more		no						
OR CONTRIBUTING CAUSE OF DEATH (notify -medical examine)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimore City	, give exact location)				
Q 21D, BMF (Month) (Dov) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?					
OF INJURY (APPROX.)	While At Not While Work							
22. I certify that (1) (this hospital) atten		12/7/63 19	to 12/	20 1965				
that (D(we) lost saw the deceased olive	1 / / 0			death accurred an the date				
and haur and fram the couses stated abo	~ /							
23A. SIGNATURE			23 B.	DATE SIGNED 7				
doberton 1/2	M.D. Atte	ending Med. Sto Sto	ys. D	2/20/5				
23C. PHYSICIAN'S		23D. ADDRESS	1	1110				
Sisbertm. By 1.	ERS M.D.	Universit	5 / tospil					
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY of CR	EMATORY 24D. LOC	ATION (City, to	wn, or county) (State)				
Removal 12/23/1965	Harleigh	Can	nden, New Jer	sev				
	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	/	/ /ADDRESS / / 7				
DEC 21 1965 P. O. M. P. S	FORMAN O O	Wan & Vicken	1 8 m = h	oth Lericas				
VS 150-REV, 1/1/65		in the state of	varione /	- vonc- a cove				



Such

Was

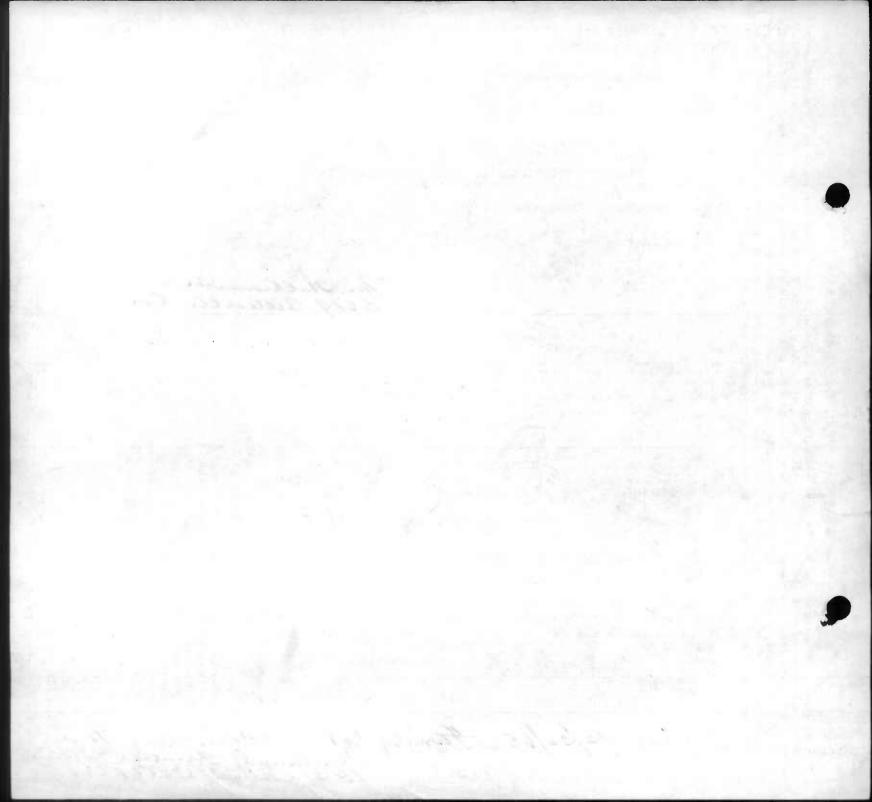
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 65 12968 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH ROSA ANDERTON (Type or Print) DECEMBER 12,1965 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) NORTH CHAPEL If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. 12, CITIZEN OF WHAT COUNTRY? U. S. A ADDRESS CHASE, Md INTERVAL BETWEEN ONSET AND DEATH CONGESTIVE HEART FAILURE HYPERTENSIVE ARTERIOSCLEROTIC
CARDIOVASCULAR DISEASE 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il in Boltimore City, give exact location) DECEMBER 12 1065 ond that in (mx) (our) opinion death occurred on the date 23 B. DATE SIGNED Dec. 16/65 Balto. Nat. Cem. Balto. Md. Burial 258. NAME OF REGISTRAR DDRESS 250. FUNERAL DIRECTOR

2.4

272 Cracker of

FIRTH NO. OF 40000 CEDTIFICA	ATE OF DEATH Registered No.5 12959
M.E. CASE NO.	2. DATE AND HOUR OF DEATH
Type or Print) William James Drou	on 510 AM 112/19/65 N
PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddless or location)	C. CITY OR TOWN (II outside city limits, write RURAL and give township)
INSTITUTION	C. CITY OR TOWN (II outside city limits, write RURAL and give township)
8 Daywernite Hospital	D. STREET ADDRESS (If urol, give location)
Crivil Sacrey	· 1323 argyle ave #11
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (IA) years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	DALIDI
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Brown	Henrietta butter
. Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	T. MEORMAN Telliam Color ADDRESS
	5619 Belleville Cre.
DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	I pemorrhage a experation
(This does not mean the made of dying, e.g., DUE TO	0 2 110
injuly ar complication which caused death.)	Kenal facture
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	10,000
ise to the above cause (A) stating the UNDERLYING CONDITION last.	yocardial Infarction
UNDERCTING CONDITION Tasi.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	leusion
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	in or obout 214. WHERE DID (If in Boltimore City, give exact location)
DEATH (notily medical examiner)	
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not Whi	21F. HOW DID INJURY OCCUR?
(APPROX.) Work At Work	10/12 /5 14/19
22. I certify that (M(this hospital) attended the deceased from	19 (0) 10 (19 (1)
	19 and that in (my) (our) opinion death occurred an the do
and hour and from the couses stoted obove. (1) (We) (did) (did not)	238. DATE SIGNED
M.D. AH	
Phy	tending Med. Stoff M
23C. PHYSICIAN'S NAME (Type) BRUCE A, BRIAN M.D.	tending Med. Director Phys. 13/19/65 23D. ADDRESS DNIWRS Hy NOSP
23C. PHYSICIANS NAME (Type) BRUCE A, BRIAN M.D.	tending Med. Director Stoff Phys. 13/19/65 23D. ADDRESS UNINCES TY NOSP.
23C. PHYSICIANS NAME (Type) RUCE A, BRIAN M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 12/22/65 Tamul	Tending Med. Stoff Phys. 13/19/6 > 23D. ADDRESS NIRES / WSP. REMATORY 24D. LOCATION (City, town, or county) (Stote) A Colquivator, Inc.
23C. PHYSICIANS NAME (Type) BRUCE A, BRIAN M.D. 24A. BURIAL CREMATION, 124B. DATE 124C, NAME of CEMETERY OF CR	tending Med. Director Phys. 13/19/65 23D. ADDRESS NIWRS TY NOSP



	12,65 12970	BALTIMORE CITY	HEALTH DEPARTMENT		65 12970
	H NO.	CERTIFICA	TE OF DEATH	Registered Na.	OU TROTO
1. N	AME OF DECEASED MUICZKU	Wm. A.		NO HOUR OF DEATH 2 /18 /65	610 PN
-	LACE OF DEATH IN BALTMORE, MARYLAND	ion, give street	A. STATE B. COUL	ere deceosed lived. If in	stitution: residence before admission)
}	OSPITAL OR oddiess of locotion) NSTITUTION	. / .	1509 D	and Ro	Ad HT
1	BON SECOURS hos		7509 Digb		5300
5. 5	Male White Wood	RIED, NEVER MARRYED DWED, DIVORCED (specify)	421-04	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
don-		tinghouse	Hung	gary	12. CITIZEN OF WHAT COUNTRY?
13.	Henry A. Majecz	ky	Wilhelm	nina Bro	wn
15. Yes	Nos Deceased Evyr in U. S. Armed Forces? ,no or unknown) (11) yes, give wor or gates of serv.	705 03 9115	Mrs. Augusta	Majeczky,	7509 Digby Rd
	18. 16 3 1	CAUSE	F DEATH	- /	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CA of the	. Cury	4r
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)			J	
	ANTECEDENT CAUSES	(B)		·	
	DISEASES OR CONDITIONS, if any, girise to the obove couse (A) stating UNDERLYING CONDITION last.		** ************************************		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore	e City, give exoct locotion)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID IN.	JURY OCCUR?	
	22. I certify that (1) (this hospital) attend	ed the deceased fram	Dec. 15,	1965 to	Dec. 18, 1961
	that (I) (we) last saw the deceased alive	an Dec 18, 61	19 65 and th		nion death accurred an the date
	and haur and fram the causes stated abav	e. (N) (We) (did) (did par)			
	Byog Hack	Im M.D. Ath		Stoff Phys.	Dec. 18, 1965
	PACE (Type) BYONG HAC	KKIM M.D.	23D. ADDRESS Bon	Secours K	ospital
24A	REMOVAL (Specify) 241 2/ 22/65	C. NAME of CEMETERY OF CR	EMATORY 24D. I	LOCATION (Ci	ty, town, or county) (Stote)
	rial Eccosx		Bal	to. 7, Md.	
25A	DEC 21 1965	ME OF REGISTRAR	PETER PRETO	4101 Edmo	ndson AVE's
VS	150-REV. 1/1/65				



V	17	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 12971
	HWO. 65 12971	CERTIFICA	TE OF DEATH	Registered No.	00 10011
1. N	AME OF DECEASED	P. Hayk	/	D HOUR OF DEATH	
F	LACE OF DEATH IN BALTIMORE, MARN ULL NAME OF (If not in hospitol or oddress or location)	LAND institution, give street	A. STATE B. COUN	TY	fution: residence before odmission)
	So Back ,	Gen'l Hogs	Linthicum	side city limits, write RU	RAL ond give fownship)
		0		orol, give locotion) d Annapoli	a Rd.
	male W	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	May 14.1901	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work) during most of working life, even if retired) tired	OB, KIND OF BUSINESS OR INDUSTRY	Md.	gn country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	ate Richard J. Hay		late Susanna	Higgs	
Yes	Vas Deceased Ever in U. S. Armed Force ,no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	Mrs. Matilda	Hayden Li	athicum.Md
	18.4 20.11		DF DEATH	. 0	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE	CTLY	ato Ulyacerd	olal to	Magin to
	(This does not mean the mode of		me orgonian	a regamen	100muca
	heart failure, asthenia, etc. It means t injury or complication which coused a		to hot	he Di	7 1, 10008
	ANTECEDENT CAUSES	(B) CV	Unor Clerts (&	Havi Doline	3-4 7/13
	DISEASES OR CONDITIONS, if or	ny, giving			
	rise to the above couse (A) : UNDERLYING CONDITION lost.	staling the (C)	philomenum mair C g is TeO Cr Cr v v rest qure a q a a a a a a qure a a v a a a a a a a a a a a a a a a a	· · · · · · · · · · · · · · · · · · ·	
TION	OTHER SIGNIFICANT CONDITIONS CO	ED TO THE			
ERTIFICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFO	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
0	21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
N N	21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21E, tNJURY OCCURRED While At Not Whi Work At Work	21 F. HOW DID INJ	URY OCCUR?	
	22. I certify that (1) (this hospital)	ottended the deceosed from	natel	9 65 10 18	-19 1965
	that (I) (we) lost sow the deceased	olive on Movember	24 1965 and the	at in (my) (our) opinio	on death occurred on the date
	and hour and from the couses state	d above. (i) (We) (did) (did not)	view the body ofter death.		
	23A. SIGNATURE	1./	· N		3B, DATE SIGNED
	Tolan / later	tely M.D. At		Stofl Phys.	12-20-65
	PHYSICIAN'S/ NAME (Type) HILARU T	O' HERLIHY M.D.	S CENTRAL 1	AVE SON	Buenie Mid.
	BURIAL CREMATION, 246, DATE REMOVAL (Specify)	. 24C. NAME of CEMETERY OF CE	REMATORY 24D. LO	CATION / (City,	town, or county) (State)
	rial $12/23/6$			to. Md.	
25 A	DATE REC'D BY HEALTH DEPT.	58. NAME OF REGISTRAR		4101 Edmond	Ison Ave
V/C :	DEC 21 1965	(In the top of Dances,).	1 5 0		
A.2	50-REV. 1/1/6S				

artelly andie Poplation 1000 antenerlant West wine ? James Mary Allery Willes let HILDRY TO PERZIM S CENTRAL PUE Glin Burn

Mt. Olivet 258. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

the body was released to the hospital by certificate must be approved by was D.O.A. shows: (1) deceased BIRTH NO.

M.E. CASE NO.

1. NAME OF DECEASED

(Type or Print)

3. PLACE OF DEATH IN

VS 150-REV. 1/1/65

6

Such

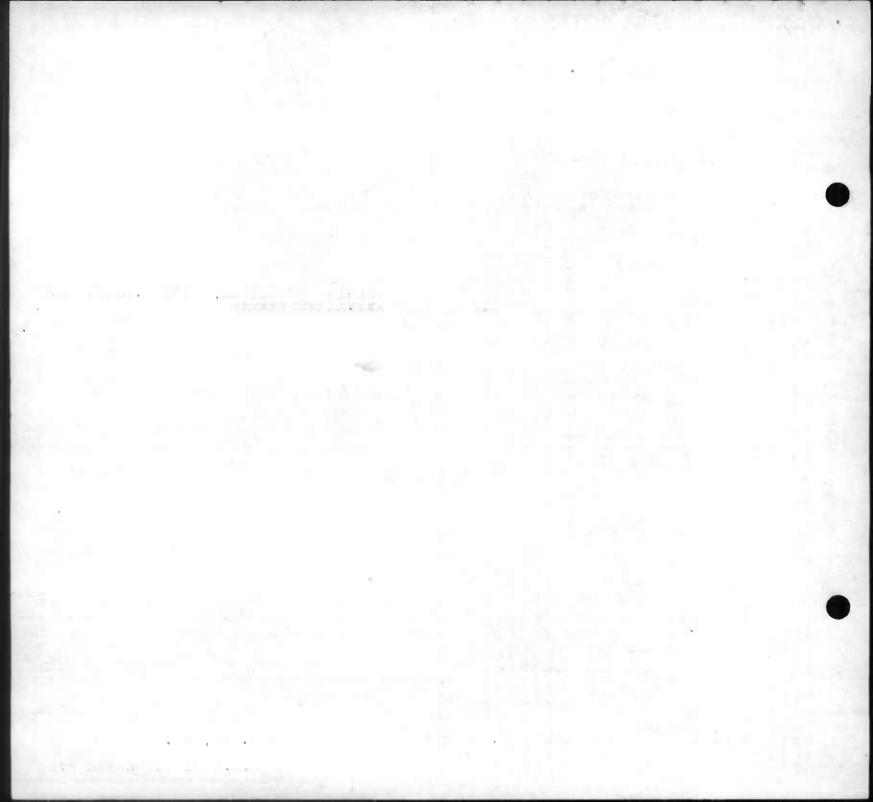
on the

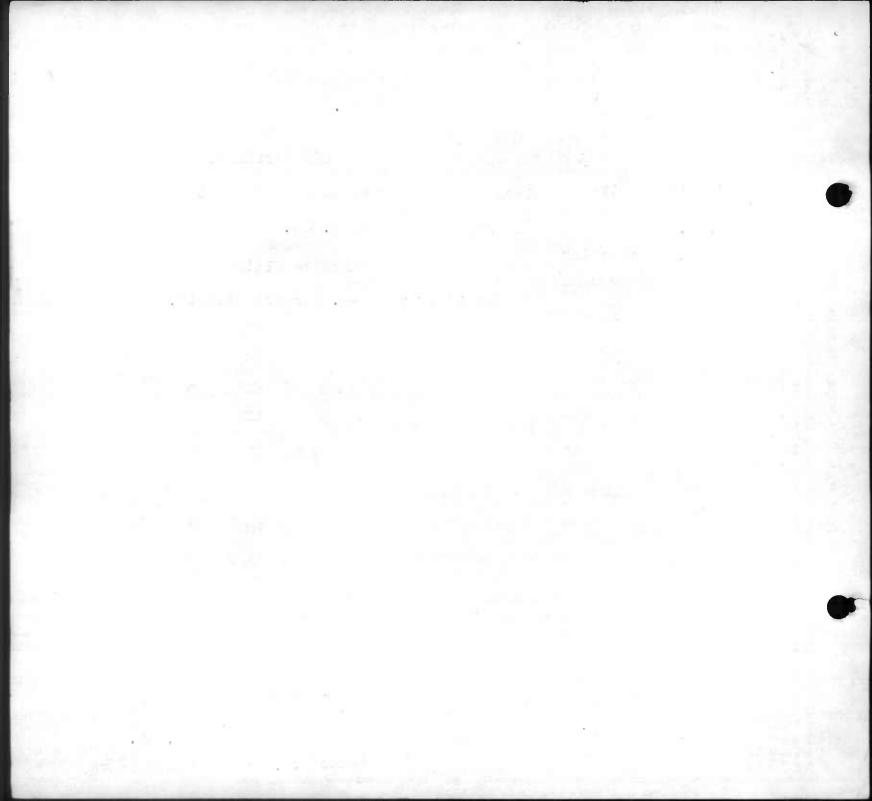
C. CITY OR TOWN (If autside city limits, write RU	RAL and give township)
D. STREET ADDRESS (If rural, give location)	6500
5 500 W. Nor	
6/5//0 55	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
11. BIRTHPLACE (State or Toreign country) Pana 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
MARTHA E. D	onovan
Donald Vermillion, 5500	W. North Ave
F DEATH	INTERVAL BETWEEN ONSET AND DEATH
eberal embolism	24 hr -
ocardia Inforction	7 days
ERIOSCIEROTIC Cardia Vascula	M.
DISEPSE	
hyRoidisM	16 YERRS.
20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FII	NDINGS CONSIDERED
n ar about 21 C. WHERE DID (It in Baltimore (It) INJURY OCCUR?	City, give exact lacation)
21F. HOW DID INJURY OCCUR?	
11 0 5 ond that in (my) (our) opini	18 Dec 19 65.
ond that in (my) (our) apiniview the bady after death.	an death occurred on the date
	3B. DATE SIGNED
ending Med. Staff Phys 23D. ADDRESS	18-Doc-65
MARKAND GENERA	1 Hospital
	, town, or county) (State)
Balto. 23, Md.	
25C. FUNERAL DIRECTOR F.D. 4101 I	Idmondson #ve

Registered No.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

2. DATE AND HOUR OF DEATH





1	1 65	12974		BALTIMORE CITY HE	ALTH DEPA	RTMENT		65	12974
BIR	TH NO.	MED	ICAL EX	XAMINER'S	CERTIF	ICATE O	F DEATH Re	gistered No	1.6074
M.	E CASE NO.								
1.	NAME OF DECEA		JDE S.	HOGAN		2. DATE	AND HOUR PRONO		10:20 a.
		ORE, MARYLAND, W			4. USUA A. STAT	RESIDENCE (WI	В.	If institution: resi	idence before odmission
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						utside carparote limits, INIOP8	20 -	nd giva tawnship)
1		N. Longw			D. STRE		. Iongwood	St.	
5.	SEX 6.	RACE White	7. MARRIED WIDOWED,	, NEVER MARRIED DIVORCED(specify)		OF BIRTH	9. AGE (In y	reors If Unde	T Yr. If Under 24 Hrs Days Haurs Min.
dor	A. USUAL OCCUPA	ATION (Give kind of working life, even if retired)		F BUSINESS OR INDUS	TRY 11. BIRTH	PLACE (State or t	oreign country)	12. CITIZ WHA	AT COUNTRY?
13.	FATHER'S NAME				14. MOTI	TER'S MAIDEN N	AME		
	late Ch	ristopher	Hogan		late	Elizabe	th		
15.	WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFOR	MANT		ADDRES	S
1/6	yes arunknawn (ii.	WW gira war ar date	es of service)	SECURITY NO.	Mrs.	Bertha	Hogan . 509	N. Lo	ngwood St
-	IIB.	A 7		CALL	SE OF DEA				INTERVAL BETWEEN
	7 000	1/1		CAO	JE OF DEA				ONSET AND DEATH
	(This daes not heart failure, as	OR CONDITION DI EADING TO DEATH meon the mode of sthenia, etc. It means ication which caused	dying, e.g., the disease,	(AArteri	oscler	otic card	iovascular	disease	
	DISEASES OR	CONDITIONS, IF A ABOVE CAUSE (A) S CONDITION LAST.	NY, GIVING	(B)				•••••••••••••••••••••••••••••••••••••••	
Z				(C)					
CERTIFICATION	OTHER SIGNIF TO THE DE DISEASE OR C	II ICANT CONDITIONS ATH BUT NOT RE	LATED TO						***************************************
CERT	19A. DATE OF O	PERATION 198, CON		WHICH OPERATION	20 A. A		No) 20B, IF YES, WE		
EDICAL	UNDERLYING OUTING CAUSE	CAUSE WAS R CONTRIB- OF DEATH.	21 B. hametc.)	PLACE OF INJURY (e. q a, form, factory, street,	g., in or obou , affice bldg.	121C. WHERE DI	D (If in Baltimara C.	ity, give exoct I	ocation)
2		Manth) (Doy) (Yaa		WHILE AT NO	T WHILE WORK	21F. HOW DID	INJURY OCCUR?		
	22.	that I held on !				and that are	this bosis, death	In my natural	
		from: Noturol ca				Homicide	Undetermined r		n
	ACTUAL SIGNATUR	E Merry	36	Die CM	_		EXAMINER		DATE SIGNED
	EXAMINEI NAME (Ty	R'S Werner		/г., м.D.	ASSOCI	ATE MEDICAL	EXAMINER .		19/65
RE.	MOBILITEE'	12/22		Western	Y or CREMA		alto. 23,	Md.	county) (State)

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

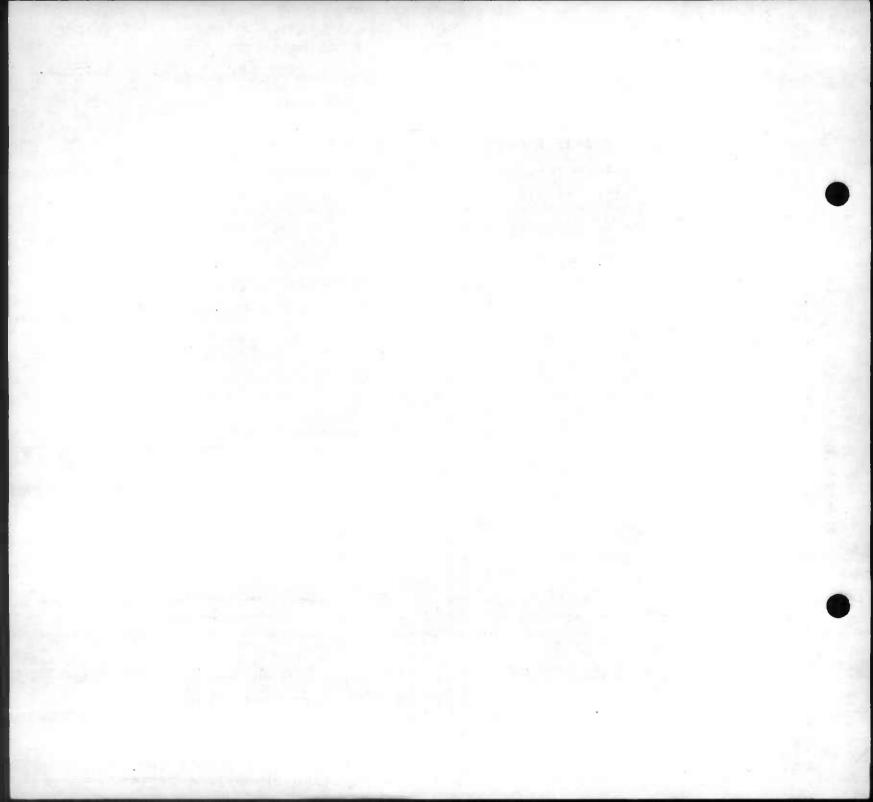
Balto. 23, Md. 24C. FUNERAL DIRECTOR ADDRESS Witzke F.D. 4101 Edmondson Ave J Enganger L. I. 90

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THE REPORT OF THE PARTY OF THE PARTY.

- 000	BALTIMORE CI	TY HEALTH DEPARTMENT	CE 4000E
BIRTH NO. 65 12975	CERTIFIC	ATE OF DEATH Registered	No. 65 12975
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
(Type or Print)	MODDISON WASHIND		
3. PLACE OF DEATH IN BALTIMORE, MA	MORRISON MCQUAD	4. USUAL RESIDENCE (Where deceased lived.	1965 11:58 A. N
		A. STATE B. COUNTY	8-05
HOSPITAL OR oddress or location	or institution, give street	MARYLAND C. CITY OR TOWN (If autside city limits, w	gite PURAL and sive tawashis)
House in the	e Pines		and kokat did give townships
/) 5837 Belair	Road	BALTIMORE21213 D. STREET ADDRESS (If rurol, give location	1)
		1626 East Lafayett	e Avenue
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. II Under 24 Hrs.
Female White	Widow Widow	May 21,1869 10st birthdoy)	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind al world		RY 11. BIRTHPLACE (State or lareign country)	12. CITIZEN OF
done during most all working life, even if retired) HOUSEWITE	at Home	Hanni conhung Wingini	WHAT COUNTRY?
3. FATHER'S NAME	at nome	Harrisonburg Virgini	a USA
John C. Mori	ni son		to town 13
		Henrietta H. S	
5. Was Decaased Ever in U. S. Armed Far Yes, no or unknown) (II yes, give war ar date	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT 1626 East Laf	avette Avenue
no	none	Miss Katherine M. M	
18.44 9 9 1		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY	1 4	ONSET AND DEATH
LEADING TO DEATH	wort	no selevotie carlio- rave	w Pan
(This does not meen the mode of heart failure, asthenia, etc. it means	dying, e.g., Dot 10	Soll position of the contract	777. 66.65
injury or complication which coused		/) .	
ANTECEDENT CAUSES	(B)	diseases	
DISEASES OR CONDITIONS, if			
rise to the obove couse (A)			
UNDERLYING CONDITION lost.			
Z OTUSE SIGNISION S	CNITRIBUTING		
O THER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	TED TO THE		
	T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No) 20B. IF YES, W	ERE EINDINGS CONSIDERED
WAS PER		IN CERTIFYING	CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CON WAS PER	218 PLACE OF INTURY (e.g.	, in or about 21 C. WHERE DID (If in Bolt	timore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)	hame, farm, factory, street,	affice bldg., INJURY OCCUR?	and e chy, give exect localidity
U I			
21 D. TIME (Manth) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not W		0
22. I certify that (I) (this hospital) ottended the deceased from	The Necember 1958 to 1	9 December 1965
that (I) (well tost saw the decease	ed alive on 26/lorge	Un 1965 ond that In (my) Lour)	
			obou decin occurred on the dot
and hour and from the causes stor	red obove. (I) Five) (did) Leta nat) view the bady ofter death.	238, DATE SIGNED
10 h/15	M.D. A	Attending Med. Stoff	
Joun Mari	ca	hys. Director Phys.	12/20/65
28C. PHYSICIAN'S NAME (Type)	/	23D. ADDRESS	
John Barr	naby M.	1531 East North Ave	nue
AA. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY OF	CREMATORY 240. LOCATION	(City, town, or county) (State)
Burial 12/21/	65 Woodlawn Cem	netery Woodlawn	Manuland
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 21 1965	100 12 for 12 mg	Henry Sander & Son	ns Inc.
/\$ 150-REV. 1/1/65	HADE SELLED IN	Helfimore Maryland	
			The state of the s



VS 150-REV. 1/1/65

				BALTIMORE CITY	HEALTH DEPARTME	NT	OF 400170
BIRTH	NO.	65 12976		CERTIFICA	TE OF DEAT	TH Registered N	65 125/6
	CASE NO.					ATE AND HOUR OF DEA	TH-
	or Print)	ANDREW SEBRE				2-19-65	
3. PL/		ATH IN BALTIMORE, MA			4. USUAL RESIDENCE		9:15AM N Il institution: residence before odmission
					A. STATE B.	COUNTY	15-06
HO	SPITAL OR	OF (If not in hospital oddress or location		give street	C. CITY OR TOWN	(Il outside city limits, wri	ite RURAL ond give lownship)
T	HE JOH	HNS HOPKINS I	HOSPITA	\L	BALTIMORE		
2					D. STREET ADDRESS	(If rural, give location)	
					2008 DUKE	LAND STREET	
5. SEX	Male	6. RACE		NEVER MARRIED D, DIVORCED (specily)	June 9, 10	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
				BUSINESS OR INDUSTRY			12. CITIZEN OF
done d	during most of	working life, even if retired)			Maryl	and	U.S.A.
13. FA	ATHER'S NA	ME			14. MOTHER'S MAIDE	EN NAME	
C	HARLES	SEBREE			REBECCA S	FLDON	
15. W	os Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT	LLDON	ADDRESS
(Yes, n		(If yes, give wor or dote	s of service)	212-03-795	,	M	
- 150	NO				OSCAL DOD	ree 2503 MO	
JE	00 00	OXI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DIR LEADING TO DEATH	RECTLY	70	No.		hre
(This does	not mean the mode of	dving, e.g.,	(A) NE TO	1117	**************************************	
h	neort foilure,	osthenio, etc. It means	the diseose,				
"			deom./	(B) Coo so	establise a	dure s deve is	year

		OR CONDITIONS, if e obove couse (A)		in Die	hele. was	00 . Lin	>5 ms
		G CONDITION lost.	orening in	101			
		11					
ATION	THER SIGN	IFICANT CONDITIONS C	ONTRIBUTIN				
		CONDITION CAUSING I		Termwed .	serzue		
ERTIFIC	A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Ye	S OF NOT 208, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERT	< 6			-	yes	no;	
. 0	R CONTRIB	NT WAS UNDERLYING TUTING AUGUST OF	21 B	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE lisce bldg., INJURY OC	DID (If in Bolti) CUR?	more City, give exact location)
		medical examiner	etc				
	ID. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
2	APPROX.		Wh	nile At Not While	e		
-			We		-/		- / 10 / 1
2:	2. I certify	that (1) (this hospital) ottended t	he deceased fram	12/3	196510	12/19 1965
th	hot (H)(we)	last sow the decease	d olive on	13-11	19 6 5	and that in (ay) (our)	opinion death occurred on the dot
0	nd hour on	d from the causes stat	ed obove.	We (did) (did not)	iew the body ofter o	death.	
23	A. SIGNATI	JRE			-		23 B. DATE SIGNED
	10	about 5	7 1	M.D. Atte	ending Med.	Stoll Phys.	12/19/65
23	C. PHYSICIA		1		23D. ADDRESS		12/11/2
	NAME ()	1) 1. 1	- Ko	M.D.	Tohns	Hanking	1-0
24A.	BURIAL CRE	MATION, 24B. DATE	24C N	AME OF CEMETERY OF CRI	3 -	24D. LOCATION	(City, town, or county) (State)
	REMOVAL	Specify)	11 -1				
	urial	12/23		rbutus Mem.		Arbutus,	
25A.	DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS
	U	TO THE ISON (IN	KNILE C	CONTRACTOR OF	1 Street	121 Vila 13	48 N. Cellion St.

Turn (- sur

IMPORTANT FUNERAL DIRECTOR:

the chief medical examiner

to the hospital

approved by

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of death

COUSE

contributing

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Also,

occurred

hospital

Registered Na. BIRTH NO. CERTIFICATE OF DEATH Deceased M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) HUBERT JAMES 12-20 HO 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 00 A. STATE (4) Undetermined cause; (5) UD FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR addrass or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend INSTITUTION 0 prior UNION MEmorial Hospitan D. STREET ADDRESS (If rurol, give location) 27 TH STREET, regular ō 7. MARRIED, NEVER MARRIED 9. AGE (In years last birthdoy) If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min, 6. RACE 5. SEX deceased BB WIDOWED, DIVORCED (spacify) WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = done during mast of warking life, even if retired) U-5.A. hauffeur retired SDM the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME eath On kind; ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 16, SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of sarvice) SECURITY NO. attendance UnK any CAUSE OF DEATH INTERVAL BETWEEN pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH A fracture (This does not mean the mode of dying, e.g., 70 hearl failure, osthenio, etc. Il means the disease, injury or complication which coused death.) regul who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 3 the physician UNDERLYING CONDITION lost. be obtained before the remains medical burns; No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSI 20A. AUTOPSY? (Yas at No) WERE FINDINGS CONSIDERED WAS PERFORMED by 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, straet, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING Baltimore City, give exact location) where DEATH (notify modical examined atc.) nature; MEDIC 9 (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Nat While OF INJURY (except While At (APPROX) At Wark death); and Wark any 12-18 22. I certify that (2) (this hospital) attended the deceased from..... 12 - 20 19 65 that (1) (we) lost saw the deceased alive on... and that in(my) (eur) opinion death occurred on the date of hospital and hour and from the causes stated above. (1) (WE) (did) (did not) view the body after death. the body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending [M.D. 10 Phys. written approval 0 M. LA BRUCE, JR. 23D. ADDRESS prior LA BRUCE, JR., UNION MEMORIAL to (1) An NAME (Type) UNION MEMORIAL ARTHUR M. LA
24A. BURIAL CREMATION, 24B. DATE D.O.A. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased REMOVAL (Specify) shows: Baltimore, Maryland NAME OF REGISTRAR Edeemer 25C. FUNERAL DIRECTOR SD John A. Moron, Inc. 3000 VS 150-REV. 1/1/65

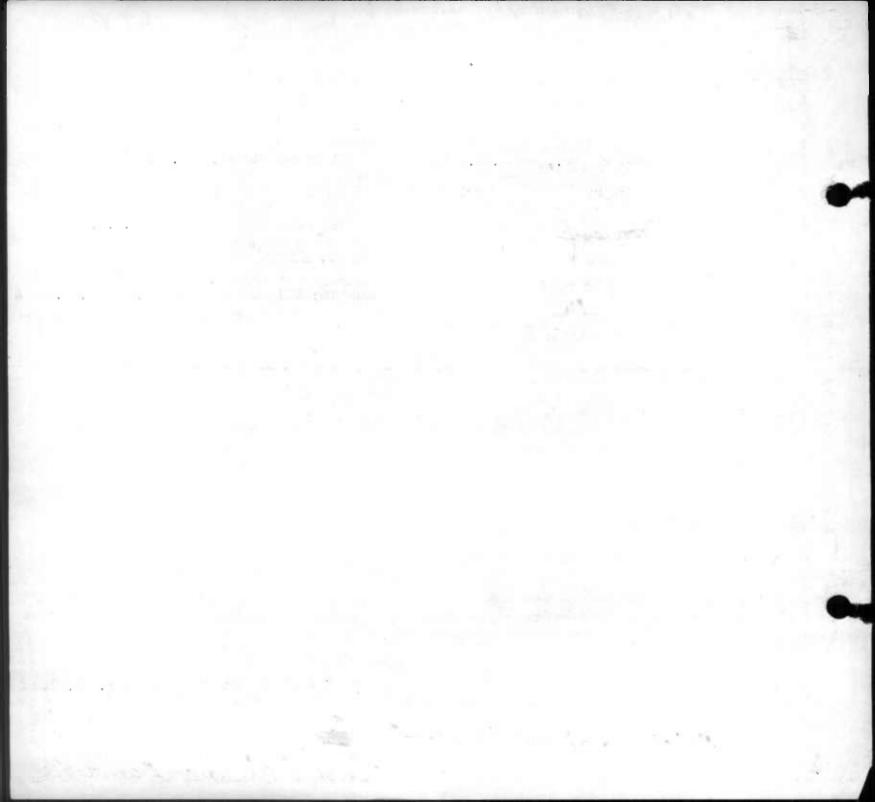
BALTIMORE CITY HEALTH DEPARTMENT

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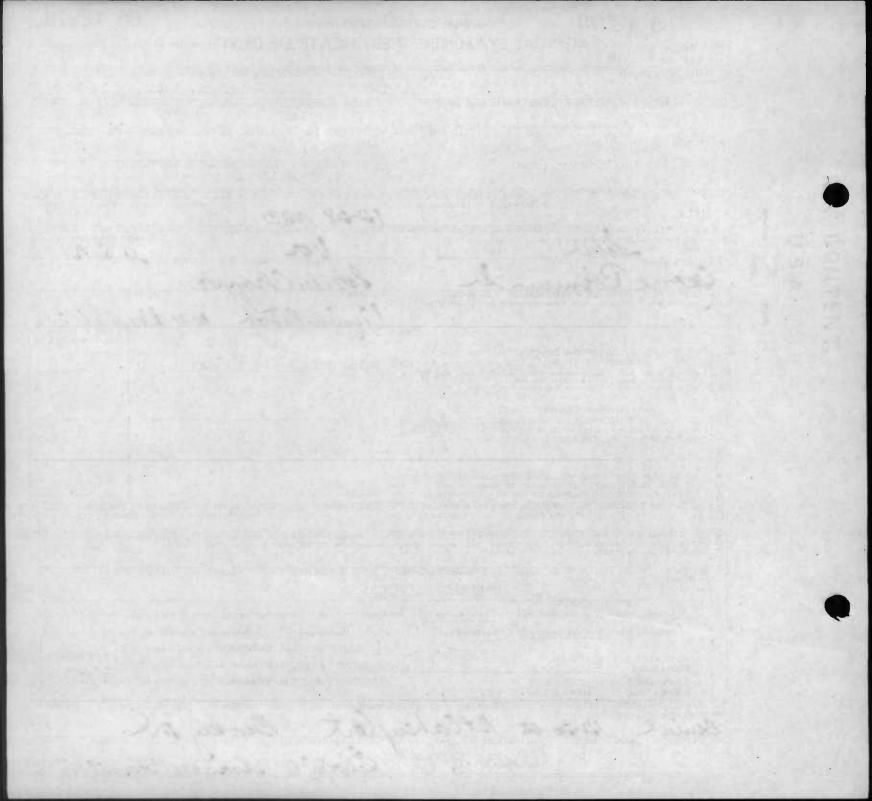
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



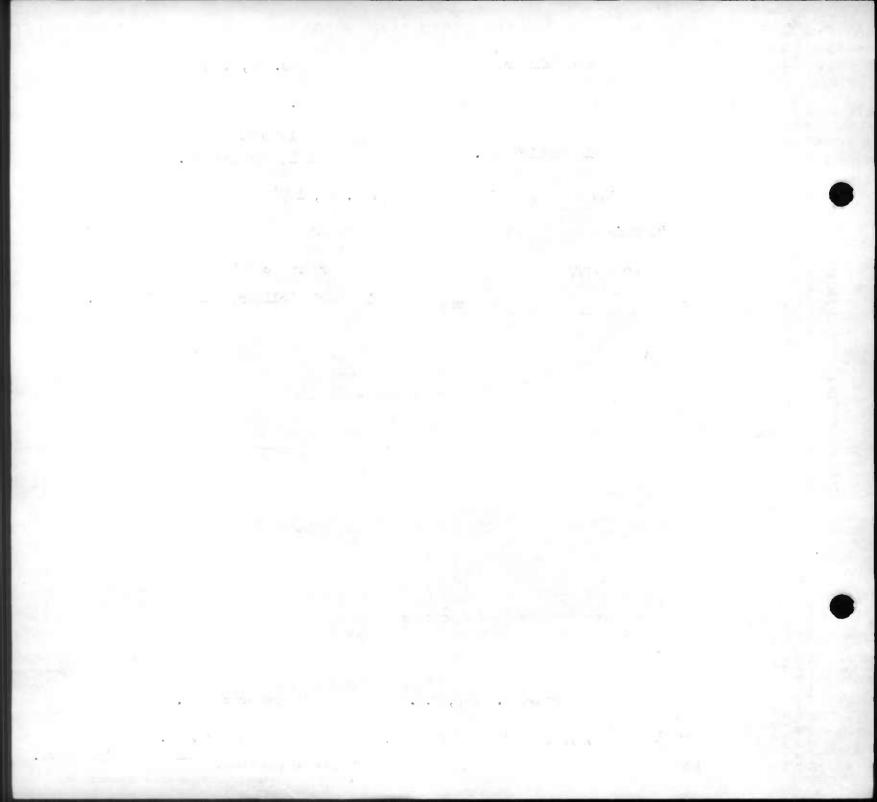
65	12979		BALTIMORE CITY HEAL				00	Trois
BIRTH NO.	MED	ICAL EX	KAMINER'S CI	ERTIFICA	TE OF	DEATH Registe	ered No	
M.E. CASE NO.								
1. NAME OF DE	EDWARD	G	ROB	INSON		ember 16, 1		10:40 A
3. PLACE IN BAL	TIMORE, MARYLAND, W				IDENCE (Where	deceased lived. If ins	titution: reside	M
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR T	OWN (If outsid	e corporate limits, writ	e RURAL ond	give township
4	2 Guilford Av	02110			ltimore		1	104
224	2 Guillord Av	enue			DRESS (If rurol, 42 Guilf	ord Avenue		/
5. SEX Male	6. RACE Negro		NEVER MARRIED DIVORCED (specify)	B. DATE OF BI	RTH	9. AGE (In years lost birthday) 42	If Under 1 Months, D	Yr. If Under 24 Hrs Doys Hours Min.
IOA. USUAL OCC	UPATION (Give kind of world	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreig		12. CITIZEN	N OF
	working life even if retired)			(100		WHAT	COUNTRY?
13. FATHER'S NA	ME P.A		0.	14. MOTHER'S	MAIDEN NAM	2		
15.WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMAN	les CV	apple	ADDRESS	
(Yes no or unknow	n) (If yes, give war ar date	s of service)	SECURITY NO.	11: "	0.7	6 1031	b	0 1. 6
1B. (5 1		CAUSE	OF DEATH	ur jano	1031		INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	RECTLY						ONSET AND DEATH
	LEADING TO DEATH		(A) Arteri	osclerot	ic Cardi	ovascular D	isease.	
heart failure	not meon the mode of e, osthenio, etc. It meons emplication which caused	the drseose,	DUE TO					
							3, 20	
	OR CONDITIONS, IF A		(B)	***************************************	**************			
RISE TO TI	HE ABOVE CAUSE (A) SING CONDITION LAST.	TATING THE						
8		HICE.	(C)					
O THE	II SNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T						
-	F OPERATION 19B, CON		WHICH OPERATION	20A. AUTOP	SY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CO	NSIDERED
20	WAS PER			NO		IN CERTIFYING CAU		
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, c	in or obout 21C.	WHERE DID IRY OCCUR?	(If in Boltimore City, g	ive exact loc	otion)
E 21 D TIME	(Month) (Doy) (Yeo	n (Hour) 2	11E. INJURY OCCURRED	21F.	HOW DID INJ	URY OCCUR?		
OF INJURY (APPROX.)		m.	WHILE AT NOT	WHILE ORK				
22.	rtify that I held an I				ind that an th	Is basis, death in	my aninian	
	Ited fram: Natural ca		Accident Suicid			Undetermined mann		
			11		MEDICAL EX			DITE CONED
SIGNA		arles 1	dely M.D.	ASSISTANT	MEDICAL EX	CAMINER X		DATE SIGNED
EXAMI NAME	NER'S	s S. Pe	tty, M.D.	ASSOCIATE	MEDICAL E	XAMINER		12/16/65
23A. BURIAL CR REMOVAL (Speci		23	C. NAME OF CEMETERY O	CREMATORY	23D. L	OCATION (City	, town, or co	ounty) (Stote)
Benin	12-20	65	Inteahou	1 (act	- /	northly	ml.	
24A. DATE REC'I	DEC 21 1965	248, NAME	OF REGISTRAR	24C. FUN	ERAL DIRECTOR	, 1	AD	DDRESS
		And Car	6 5 11	Selve	6000	Usian Kon	Bea	netyshi
VS 151-REV. 1/1	/65			/				/



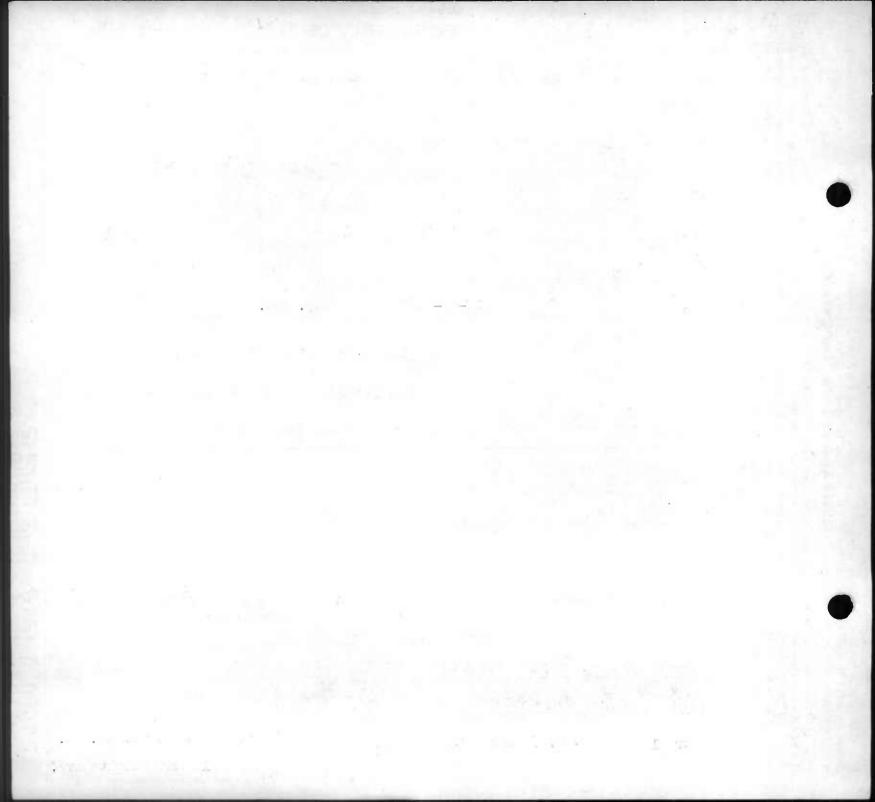
attend prior occurred regular ased = Was 4 death OP kind; ance pronounced fracture of the chief medical examiner who 0 4 physician medical Mai physician (2) Body where °N 9

BALTIMORE CITY HEALTH DEPARTMENT 12981 Registered No. CERTIFICATE OF DEATH BIRTH NO. Undetermined cause; (5) Deceased of death M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Rosa Vollmer HO Dec. 20, 1965
4. USUAL RESIDENCE (Where deceased lived, If institution: residence eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY ance contributing cause Md. (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give locotion) 4712 Dunkirk Ave. 4712 Dunkirk Ave. mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. Haurs Min, WIDOWED, DIVORCED (specify) lost birthday) Hours Jan. 24, 1876 Female White Widow 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hungary Housewife At Home Hungary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbara Schneider John Hupp 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (III yes, give war ar dates of service) 6. SOCIAL 17. INFORMANT SECURITY NO. Miss Maria Vollmer, 4712 Dunkirk Ave. No None CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH OCCLUSIAN (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED to the hospital by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) DEATH (notify medical examiner) any nature; MEDIC 21D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Nat While [(APPROX.) Al Wark and 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive; an and that in (my) (aur) apinian death accurred an the date eath) accident of hospital and hour and fram the causes stated above. (1) (We) (did) (did not) view the body after death. the body was released 23A. SIGNATURE 23B. DATE SIGNED certificate must O Attending N Med. M.D. Staff Director L approval 0 23D. ADDRESS 23C. PHYSICIAN'S prior at NAME (Type) An Herbert W. Lapp, M.DM.D. 4804 Frederick Ave. O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased was D.O decease written shows: 12/23/65 Burial Loudon Park Cemetery Baltimore, Md.

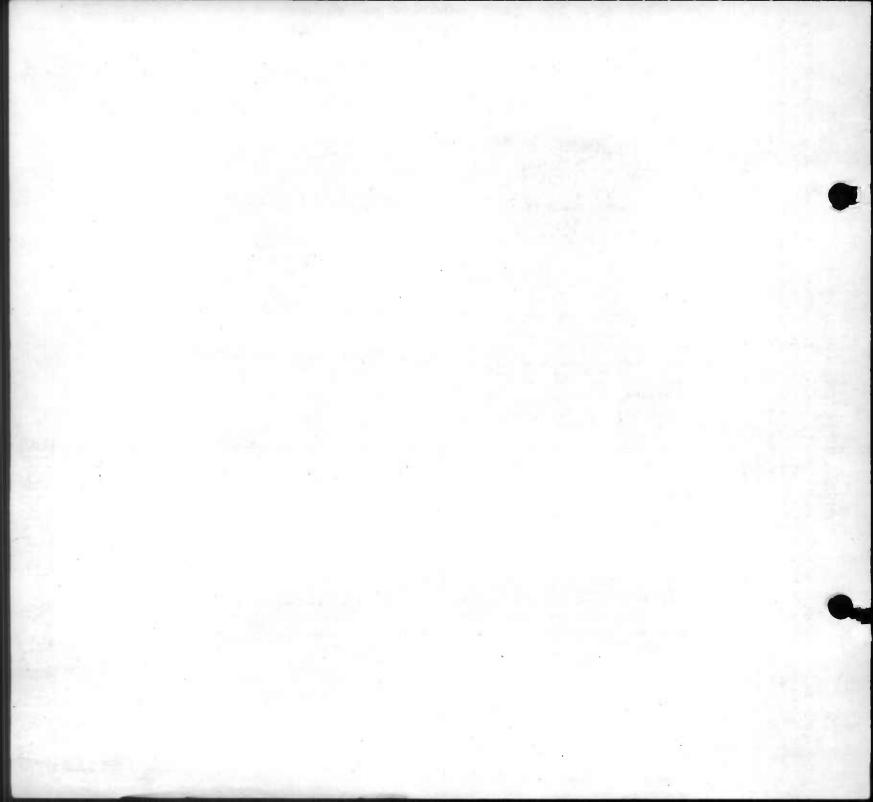
25COFUNERAL DIRECTOR 4611 Park Helyffs Ave. VS 150-REV. 1/1/65



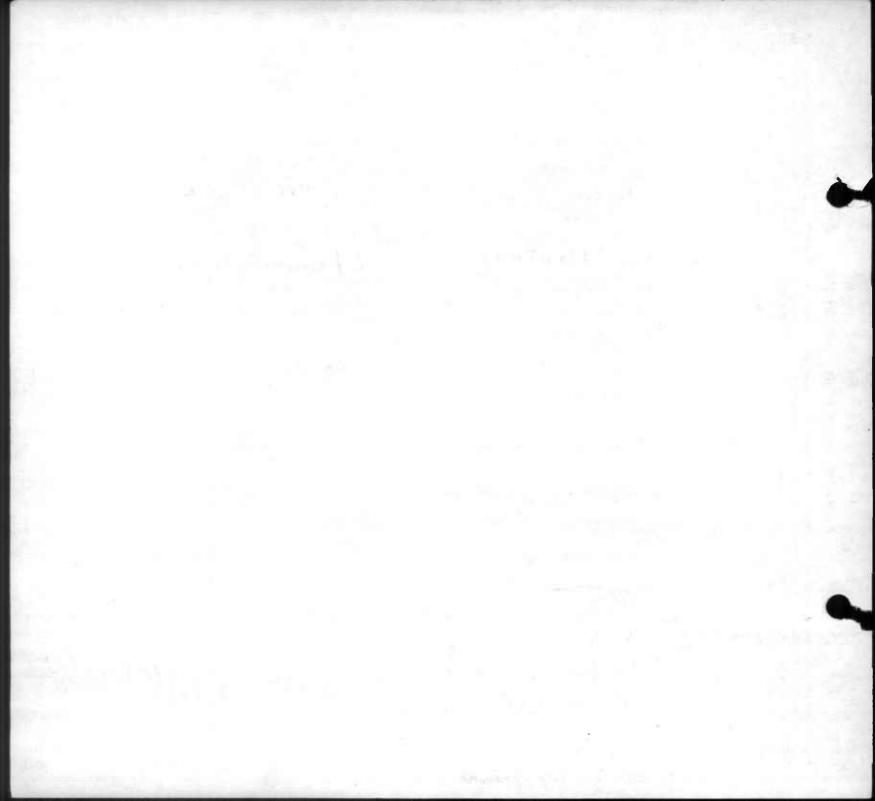
				BALTIMORE CITY	HEALTH DEPA	RTMENT		
BIRTH	1 NO.	65 12	982	CERTIFICA	TE OF D	EATH	Registered Na	65 12982
	CASE NO.						HOUR OF DEATH	7.0
(Тур	or Print)	auciotti,	Luev	T.		12/21	165	920 am.
		EGASEO AMERICAN HOLD OF DESTH AMERICAN HOLD OF LABOR HOLD OF DESTH AMERICAN HOLD OF LABOR HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer or foreign country) AMERICAN HOLD OF BUSINESS OR INDUSTRY 11, BETHFLACT Challer Or Foreign country) AME						
H	JLL NAME O OSPITAL OR ISTITUTION	oddress ar lacation	1)		C. CITY OR TO	1	- A	URAL ond give township)
N	Parylan	rd general	dosp	utal	D. STREET ADD			50.00
					6425			ve
5. SE	F	6. RACE	WIPOWED	, DIVORCED (specify)	B. DATE OF BIR			If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
						,	in country)	
Gutte	-	/	Men	s Clothing	Lto	rly		Italy
13. F	ATHERS NA		, .				Accordance :	
+	tudu	camy butle	! (103	eine	rabia	na
15. W (Yes,		Ever in U. S. Armed Form n) (If yes, give war ar date	ces? s of service)	SECURITY NO.				ADDRESS
	No	0 V I				sp. nec.		
	DISEA	SE OR CONDITION DIR	ECTLY	R	0		1.1	
	(This does		distance of the	(A) 2e	weral	neg	aggaals	
	heart failure,	asthenia, etc. II means	the disease,	DUE 10			: 111.	/
			dealn.)	(B) Cas	Lenon	19,1	igns bola	4
			onv. aivina	DUE TO		*		
	rise lo Ih	e above cause (A)		(C)				
-	ONDEREIN							
ATION	TO THE D	FIGANT CONDITIONS C	TED TO TH					
		F OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20 A. AUTOP	SY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	0 19/10	105/Lastop.)	70	· Chokeystell	s N	0		
AL C	OR CONTRIB	UTING CAUSE OF	ham	e, farm, factory, street, o			(If in Baltimare	City, give exact lacation)
	21 D. TIME	(Manth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?	1 - 101-101
>	OF INJURY (APPROX.)							5
	22. I certify	that (I) (this haspital) attended t	be deceased from	ou do	24 1	905 10 AD	December 196
				PLAG TILL	1965	and the	it in(my) (aur) apln	ian death accurred an the date
					view the bady o	ofter death.		
	ALACH	her hors	lein	SOLU M.D. Att.	ending /	Med.	Stoff Phys.	12/20 105
	23C. PHYSICI	ANS Type				44: .00	2000 DO1	B Ballona Int
24 A		MATION, 24B. DATE	1950Y	M.D. AME of CEMETERY OF CR	TUD 16 EMATORY	TT 1 19	CATION PCG /	y, lawn, or county) (State)
	REMOVAL	12/21	/65 Tal	o Wi o		Libe		arroll Co. Md.
25 A	Buria	BY HEALTH BEPT.	258 NAME C	Ce View Cemete	TY 25C FUNER	AL DIRECTOR		ADDRESS
	DEC &	I 1000 (Tokyou)	E . 010	75 00	Every	en gem?	www. 4611 Pa	rk Heights Ave.
VS 1	50-REV. 1/1/	/65			-			



	OF 40000 BALTIMORE CITY HEALTH DEPARTMENT
	SIRTH NO. 65 12983 CERTIFICATE OF DEATH Registered No. 65 12983
	M.E. CASE NO.
	CTYPE OF PARTIEL OLIVER SPENCE DEC, 20, 765 5:15 pm.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived If institution; residence before admission) A. STATE B. OUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or localistic of the street oddress or localistic or localist
	INSTITUTION 3917- Secret Asset Batti
	D. STREET ADDRESS (If ruro), give locotion)
de.	Battemore, Ind. 391,2 Suvall live.
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disposition	Past office Clerk Battemore, md U.S. H.
500	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
lisp	Ollie Spence matte Wallace
	15. Was Deceased Ever in U. S. Armed Faces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
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ust	and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. After the morning full
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22. I certify that (1) (we) last saw the deceased alive an land haur and fram the causes stated abave. (1) (M) (did) (dld nat) view the bady after death. 23A. FIENATURE M.D. Allonding Med. Diractor Phys. 23D. ADDRESS NAME (Typo) Mork At Work 19 (5) to 12 17 19 (19 19 19 19 19 19 19 19 19 19 19 19 19 1				URY OCCUR?	
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that (1) (we) last saw the deceased alive an	22 Leastify that (White basical)			0/05. 13	110 11
and haur and fram the causes stated abave. (1) (Wa) (did) (did nat) view the bady after death. 23A. FIGNATURE M.D. Allonding Med. Diroctor Phys. 12 (7) 6. 23C. PHYSICIAN'S NAME (Typo) JONATHAN TUERK M.D.		1-110	1		
23A. FIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Typo) 12 17 6.			4	at in (my) (aur) aplnio	on death accurred an th
Allonding M.D. Allonding Med. Diroctor Phys. 12 12 16. 23C PHYSICIAN'S NAME (Typo) JONATHAN TUERK M.D. Allonding Med. Diroctor Phys. 12 12 16.	and have and from the causes stated above	a. (1) (Wa) (did) (did nat)	view the bady after death.		
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JONATHAN TUERK M.D.	A VIII	110 - S M.D. AL	londing Med.	Stoff Phys I	12/12/6
JONATHAN TUERK M.D.	23 CAPHYSICIAN'S	The state of the s		rily S. LL	10/1/10-
	/ NAME (Typo)) V			
		KN . M.D.			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (S		. NAME of CEMETERY OF CH	REMATORY 24D. LC	CATION (City,	town, or county) (Si
Brent Viler 165 mt anhum Rento mil	Brend Phras	mot Duchar	/	Sarto me	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 225C. FUNERAL DIRECTOR ADDRESS	25A. DATE REC'D BY HEALTH DEPT. 125R NAM	AF OF REGISTRAD	25C FUNERAL DIRECTOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS
	230, 1747	and the second second		01/	126,117
DEC 21 1965 DO A Q To Date O O mapo Sque Phonyor 638 N Grim	DEC 21 1965 A A A Q Z	a Date ()	1 grand South	1 while ?	JON WILM

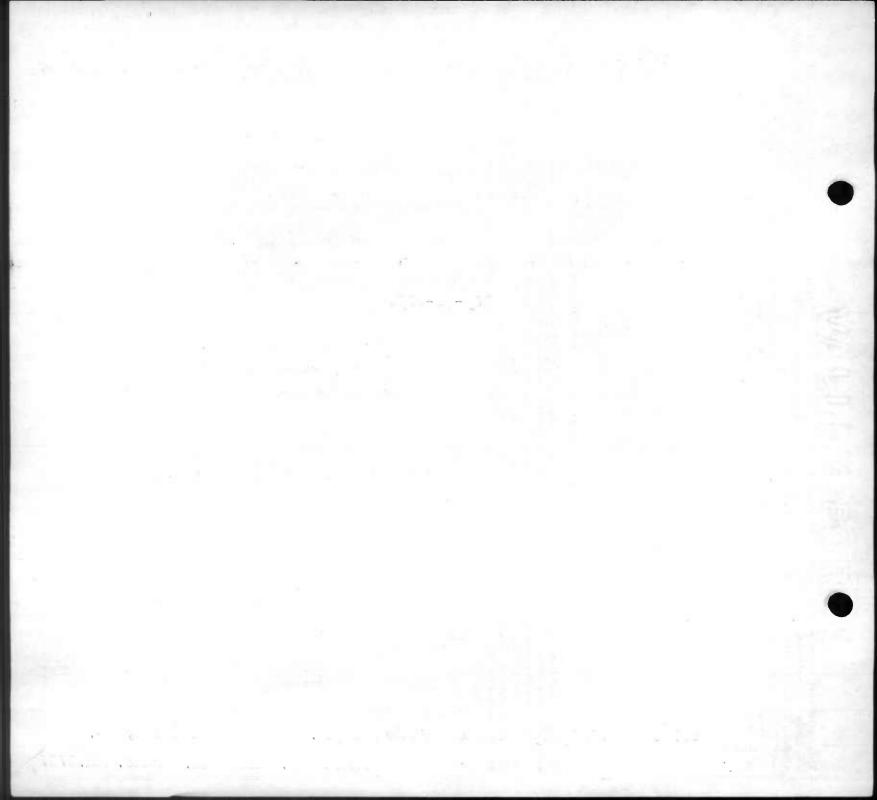


VS 150-REV. 1/1/65

Registered	No.65	1298
	1707	

	H NO. 65 12985	CERTIFICA	TE OF DEATH	Registered Na.	5 12985
1, N	AME OF DECEASED		2. DATE AN	HOUR OF DEATH	- James 1.
3. F	PLACE OF DEATH IN BALTIMORE MARYLAND	ENAN	12-/-	40/1965	itution: rosidenco beforo odmiss
F	CULL NAME OF (If not in hospital or institution gradoss of occition)	ve stroet	C. CITY ON TOWN (HOUSE	ν /	26-01
18	Waryland yen	ENT	D. STREET ADDRESS (III	wol, give location	1
V	Hospita	7	59046	Mes	ane.
5. 5	emale Care WIDOWED.	DIVORCED (specify)	4/27/1894		If Under 1 Yr. If Under 24 Months: Doys Hours Mi
	USUAL OCCUPATION (Give kind of work) 108. KIND OF E	BUSINESS OR INDUSTRY	11. BIRTHELACE (Stole or toreign	in country)	12. CITIZEN OF WHAT COUNTRY?
13.	ATHERS NAME	/	14. MOTHER'S MAIDEN NAM	IE /	
15 1	Was Deceased Ever in U. S. Armed Forces?	earney	Hanna 17. INFORMANT	h Kar	ley
Yes	, no ofunknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO. 215-46-6176	Hospa. G	lant (ADDRESS
	18./3 3.0 1	CAUSE OF	DEATH /	,	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(-)-	An - O F	- heren	
	(This does not mean the mode of dying, e.g.,	DUE TO	Cho Caes	2000 - 1000	myre
	hearl foilure, osthenio, etc. It means the disease, injury or camplication which caused death.)		- perend	0	
	ANTECEDENT CAUSES	(B)	/ Legaco	02	
	DISEASES OR CONDITIONS, if any, giving	DUE TO	O		
	rise Ia lhe above cause (A) stoting the UNDERLYING CONDITION last.	(C)		22222222222	
	II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cur	surviva 0	2 cecu	un
ERTIFIC	12/16/04 Ventres Herr	HICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIR	NDINGS CONSIDERED SES OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING 21B. Pl OR CONTRIBUTING CAUSE OF homo, etc.)	LAGE OF INJURY (e.g., in lorm, foctory, street, offi	or obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimore (City, give exect location)
MEDI	21D. TIME (Month) (Day) (Yeor) (Haur) 21E, II OF INJURY (APPROX.) While	At Work	21 F. HOW DID INJU	IRY OCCUR?	/
	22. I certify that (1) (this hospital) attended the		2/14/65 1	965 10 12	20/ 196
	that (1) (we) lost saw the deceased alive on	1 1 /- /	10 1-1- and the		an death occurred on the
	and haur and from the couses stated abave.	-	V	, , , , , , , , , , , , , , , , , , ,	an death occurred on the
	23A. SIGN TURE	(40)(0)	ow me body offer deoms		3 B. DATE SIGNED
	AT WI	M.D. Atter	Med.	Stoff X	12/20/194
	23C. PHYSICIAN'S		3D. ADDRESS	Phys. M	and In
	NAME (Type)	M.D.	5 17	in money.	La general
24A	BURIAL CREMATION, 24B. DATE 24C. NAN	ME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City,	lown, or county) (St
	REMOVAL (Spocify)	imore Natio	1 0	- 4	nore, Md.
25A	DUTLAL 12/23/05 PAIT. DATE REC'D BY HEALTH DEPT. 25B, NAME OF		25C FUNERAL DIRECTOR	Dunci	ADDRESS
	DEC 21 1965 00 NO 1504	Devision ()	25C. FUNERAL DIRECTOR	Ruck Inc. 1	Balto. Md. 21
	WILL THE WAY TO SEE THE SEE TH	. 11			

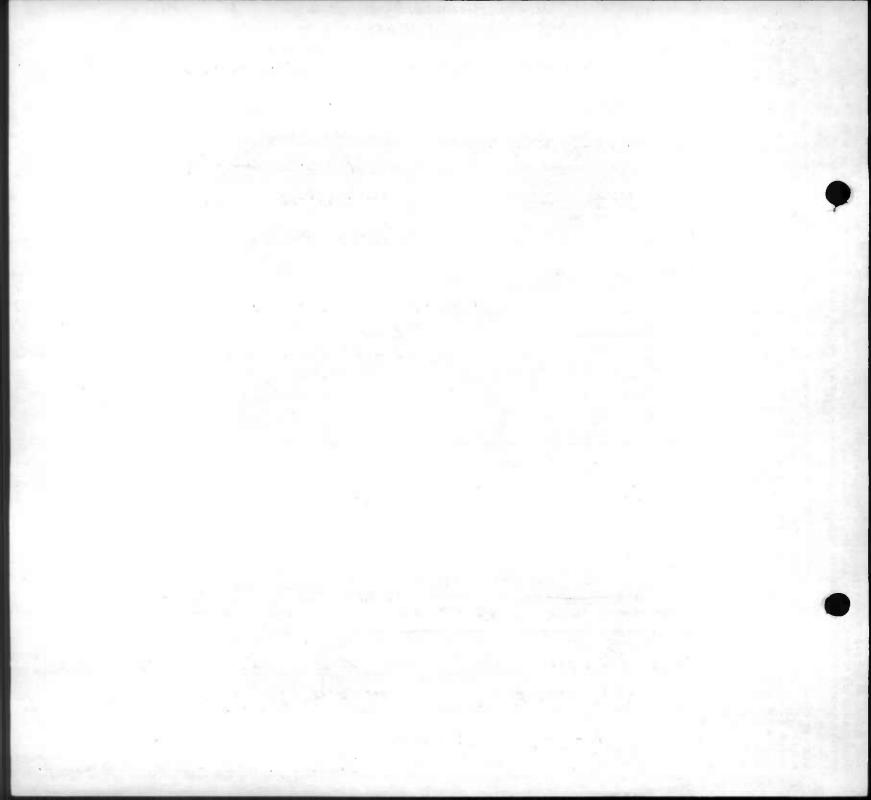
BALTIMORE CITY HEALTH DEPARTMENT



Such

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
	BIRTH NO. 65 12986 CERTIFICA	ATE OF DEATH Regi	stered No(55 12986
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Agnes Louise Meredith	Dec. 20,	/
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		ad lived. If institution: residence before admission
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR addrass or location) INSTITUTION	C. CITY OR TOWN (If outside city	limits, write RURAL and giva township)
	00 2700 E. Cold Spring Lane	D. STREET ADDRESS (If rural, give	. /
made	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	2/00 (OLA)!	n years If Under 1 Yr. If Under 24 Hrs
E	temale white widowed (specify)	Nov. 4.1873 lost birthd	Months Doys Hours Min.
si no	10R. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' dane during most of working lile, even if retired)	Y 11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
itio	Housewife	Maryland	USA
pos	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
disposition	Michael Birmingham	Catherine Logi	le
	(Yes, no or unknown) (III yes, give war or dates of sorvice) 16. SOCIAL SECURITY NO.		7001233
or final	212037190	Miss Grace L. Me	
0	18.442XI	of DEATH erioscleratio care	INTERVAL BETWEEN ONSET AND DEATH
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	arcular rival	fice 20 3-5 41 275
balmed	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,	with the same	Short his file.
mpc	injury or complication which coused death,)		
0	ANTECEDENT CAUSES (B)		
are	DISEASES OR CONDITIONS, if ony, giving		
	UNDERLYING CONDITION lost.	***************************************	
io	II II		
the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF	YES, WERE FINDINGS CONSIDERED THEYING CAUSES OF DEATH?
ore	U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Baltimore City, give exact location)
before	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.	office bldg., INJURY OCCUR?	
ained	21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED OF INJURY While At Not Wh	21 F. HOW DID INJURY OCC	CUR?
air	(APPROX) While At Work Not What Work		
opt	22, 1 certify that (1) (this haspitel) attended the deceased from		10 12 - 20 - 196 5
pe	that (1) (we) last sow the deceased alive on 12-13-45	19 ond that in (my) (our) opinion death accurred on the dat
	and hour and from the causes stated above. (1) (#e) (did) (dtd not)	view the body after death.	
must	23A. SIGNATURE	and Suffer	23B. DATE SIGNED
	CI. VII Care		12-21-45
approval	23C. PHYSICIAN'S NAME (Typo)	23D. ADDRESS	2 1 8 4
dd	T. W. FEHTE M.D.	7308 Harford	Road Fallo 14 mg
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CI		(City, tawn, ar county) (Stata)!
110	burial 12-23-65 New (athedral		ore, Md.
written	DEC 21 1965 A C. A 2 SOURCE OF REGISTRAR	Leonard J. Ruc	k Inc Baltimore, Md.
-	DEO N = 100 COUNTY	Leville 7. Mac	THE DUNCHIONES THE

DEC 21 1965 VS 150-REV. 1/1/65



etermined cause; contributing occurred regular eceased eath = (4) Und ō MOS ō the assistant if IMPORTANT death 00 kind; attendance any pronounced Also, of fracture 10 DIRECTOR: regu who 2 physician chief medical Was medical FUNERAL physician (2) Body the O the where hospital °Z nature; 9 (except pup the any of eath)

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VS 150-REV, 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. ERTIFICATE OF DEATH Registered Na. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where declared lived If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) D. STREET ADDRESS 1SOUR NE 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. B. DATE OF BIRTH Hours WIDOWED, DIVORCED (specify) lost bythday MARRIED OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY BINTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? toh, USUAL done during most of working life, even if retired USA SEALTEST 0005 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMAN (Yes, no or unknown) (If yes, give SECURITY NO. -20-5 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of hearl failure, asthenia, etc. Il means the disease, injury or camplication which caused death,)

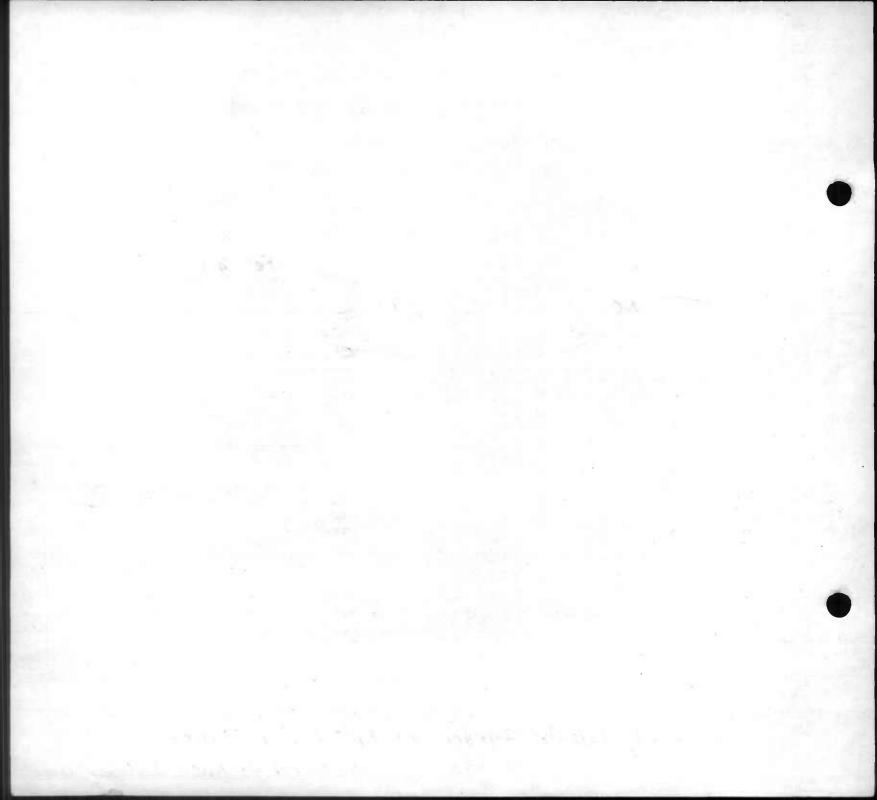
disposition is made. ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the before the remains UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. CERTIFIC 20A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) MEDIC. obtained (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (I) (this haspital) attended the deceased from 1965 99 that (I) (we) last saw the deceased alive an 2.0. 196 ond that in(my) (our) opinian death accurred an the date and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. must 238, DATE SIGNED 23A. SIGNATURE Attending Phys. Med. M.D. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY LOCATION written

FUNERAL

DIRECTO

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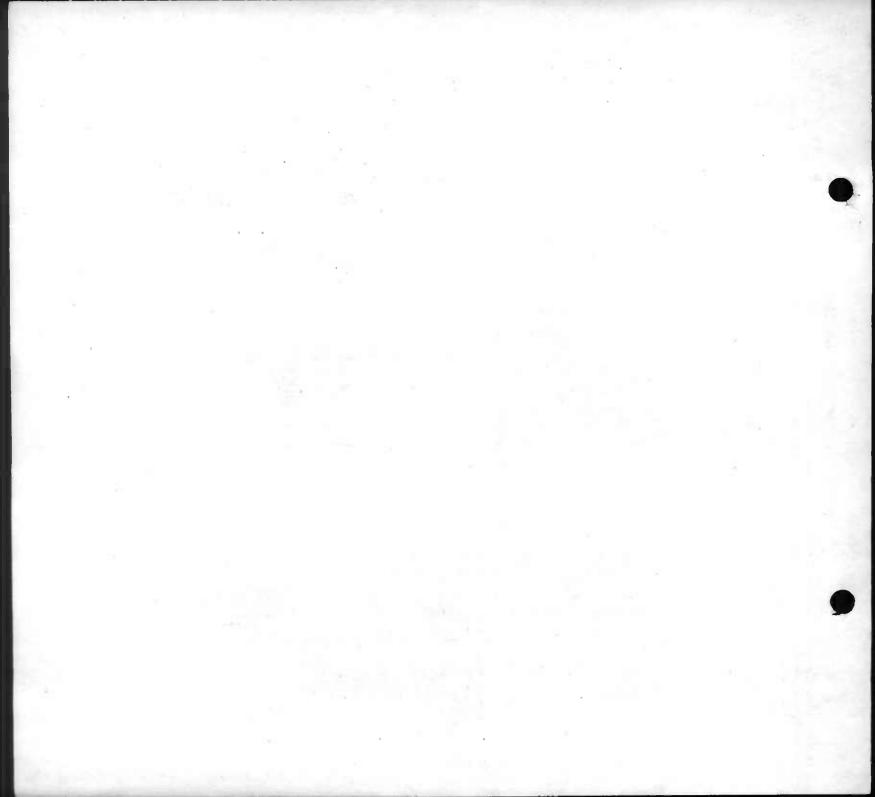
258. NAME OF REGISTRAR



OF THE PROPERTY OF THE PROPERT	I I HEALIN DELAKTIMENT	
BIRTH NO. CERTIFICA	ATE OF DEATH Registered No.	12988
M.E. CASE NO. OTTATO	2. DATE AND HOUR OF DEATH	
(Type or Print) MARY STEWART	12-20-65	12:30 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If instill	ition: residence belore admission)
FULL NAME OF (If not in hospital or institution, give street	MARYLAND -A	SWAPOUS
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If autside city limits, write RUR	AL and give township)
	ANNAPOLIS BA	LTIMORE
CHURCH (TOME + 1/05P17AL	D. STREET ADDRESS (If rurol, give location)	2/
	GOULD NURSING	HOMB
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday)	Under 1 Yr. If Under 24 Hrs. anths Days Hours Min.
T WIDOWED	3-11-93 72	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTING date during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
Secretary (Retired)	MARNLAND	USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
EDGAR SUIT	DELIA KELLY	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (If yes, give wor or dates of service) 16. SOCIAL SECORITY NO.	17. INFORMANT	ADDRESS
No 14 981	4 CHART	0
IB. TO CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	LMONARY EMBOLUS	-Hours
(This does not meon the made all dying, e.g., a DUE TO heart failure, asthenia, etc. It means the disease,		
injury ar camplication which coused death.)	PACTURE RT. Hum	- DATES
ANTECEDENT CAUSES	are land Ritor	18/16/2 01.73
DISEASES OR CONDITIONS, if ony, giving		
rise la lhe abave couse (A) sloting the		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- 125-1-5	V. /. /.
A DISEASE OF CONDITION CAUSING II.	TES MELLITUS, AT	fereosele retiche
198. CONDITION FOR WHICH OPERATION WAS PERFORMED OPEN REDNICED IN THE PROPERTY OF THE PROPERTY	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	C OE DEATH?
U 21A. ACCIDENT WAS UNDERLYING W 12 B. PLACE OF INJURY (e.g.	SCREDI NO	DISEA
OR CONTRIBUTING CAUSE OF home, larm, toctary, street,	office bldg., INJURY OCCUR?	ity, give exact lacotion)
CONUATASH	PRIUM 6/16 Delair	Kel of Jey
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not W	21F. HOW DID INJURY OCCUR?	/
(APPROX.) 1/ 24 65 705 While At Not W At Work	the fell from ded	
22. I certify that (I) (this haspital) attended the deceased from	19to	19,
that (I) (we) lost saw the deceased alive on	19ond that in (my) (our) opinia	n deoth occurred an the dote
ond hour and from the couses stated above. (1) (We) (did) (did nat)) view the bady after deoth.	
23A/FIGNATURE	23	B. DATE SIGNED
Mr. a falour M.D. A	Attending Med. Stoff Phys.	12/20/65
23 C. PHYSICIAN'S	23D. ADDRESS	
MANDIANO DI TO CENTIAM	o. CHURCH IMME	+ Incpin
	CREMATORY 24D. LOCATION (City,	town, or county) (State)
Burial 12/22/65. New Cathedra	l Cemetery Baltimor	e. Md.
25A. DATE REC'D BY HEALTH DEPT 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 21 1903 Of but 20 6 5 0 0	Leonard J. Ruck Inc. B	alto. Md. 21214
VS 150-REV. 1/1/65/	The state of the s	

4-630		
rhis certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and chows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.		CASE NO.
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register reg	10A	USUAL
or nde de d	don	EMALI OUTUBLE HOU HOU FATHER'S
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FUNERAL DIRECTOR: IMPORTANT Proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the obtained before the remains are embalmed or final disposition is made.	15. (Ye:	Was Dec
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iner actur pro ular mba		heart fa injury o
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Sod Sod	TIFIC	8
FU he he con physical	MEDICAL CERTIFICATION	21 A. A.C. OR CON
by the point of the No	DICA	DEATH
hosi natu ept (6)	ME	21 A. AC OR CON DEATH 21 D. TIM OF INJU (APPROX
provide the ny reacce		22. 1 ce
of a		that (I)
ust be assed dent ospirt deat must	n	and hou
mus elea ccide ccide a ho		
his certificate must be apple body was released to thows: (1) An accident of a vas D.O.A. at a hospital (elecased prior to death);		23C. PHY
O.O.A.	24/	BURIAL
his certif he body hows: (1) ras D.O.I. eccased	254	Bur:
This of the bashow was decement		DE
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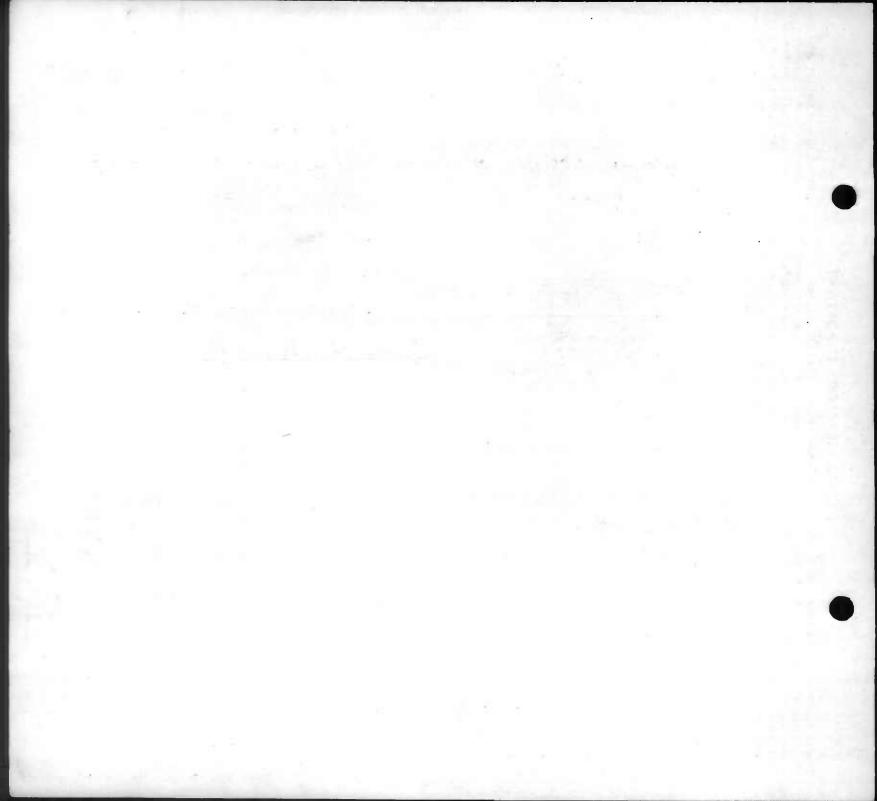
BRITH NO. 65 12989 BALTIMORE CIT	Y HEALTH DEPARTMENT	5 12989
CERTIFICA	TE OF DEATH Registered No.	7.4000
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) Lizzie Hinton	8 115 PM 12/20	/65 8.45 P
3. PLACE OF DEATH IN BALTIMORE WARTLAND	4. USUAL RESIDENCE (Where deceased lived, If ins	titution residence befare admissi
	A. STATE B. COUNTY	-43
FULL NAME OF (If nat in haspital or institution, give street HOSPITAL OR oddress or lacation)	C. CITY OR TOWN (If autside city limits, write R	IIRAL con civis (awashia)
THE JOHNS HOPKINS HOSPITAL	BALTIMORE	onne and give lawnship,
THE JUNNS HUPKINS HUSPITAL	D. STREET ADDRESS (If rurol, give location)	
	130 NORTH A SQUITH STRE	FT
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
FEMALE NEGRO WIDOWED, DIVORCED (specify)	12/8/1908 lost birthdov1	Months Days Hours Min
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI		12, CITIZEN OF
done during mast af warking life, even il retired)		WHAT COUNTRY?
Housewife	Branchville S. C.	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JIM RESSER	Mary Richer	
IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
18. 1 5 6 2 1 CAUSE C	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	warsill	ONSET AND DEATH
LEADING TO DEATH		$\frac{1}{2}$ hr.
	ardiac Arrest	
heart failure, asthenio, etc. It means the disease,		
ANTECEDENT CAUSES (B)	Terminal ca. and liver metas	tases 9 mos.
DUE TO		
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)		
UNDERLYING CONDITION lost.	**************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DISEASE OR CONDITION CAUSING IT.		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,		
OR CONTRIBUTION CONTRIBUTION CALLES OF	office bldg., INJURY OCCUR?	City, give exact location)
DEATH (notify medical examiner)		
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not White At Work	ile	
22. 1 certify that (1) (this hospital) attended the deceased from		/ 00 10 4
that (1) (we) last saw the deceased alive an 12/20		/-20
	the same of the sa	non death occurred on the
and hour and from the causes stated above. (I) (We) (dld) (dld nat)	view the bady after death.	
23A. SIGNATURE	tending Med. Stoff	23B. DATE SIGNED
	ys. Med. Stoff Phys.	12/20/65
23C. PHYSICIAN'S NAME (Typg)	23D. ADDRESS	
Ashley T. Haase	Johns Hopkins Hospita	1
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CE		y, tawn, or cauntyl (State
REMOVAL (Specify)		0 0
Burial 12/24/65 Mt. Calvary Ce		ly me
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC FUNERAL DIRECTOR	ADDRESS 1
DEC DI 1909 (Il Kier) C' Generalina	Journ Clerke	1 /129 1/LAGI
75 150 PEV 1/1/65	1/	



VS 150-REV. 1/1/65

	TIMORE CITY HEALTH DEPARTMENT	0
	RTIFICATE OF DEATH Registered No. 55 1299	J
M.E. CASE NO.	2. DATE AND HOUR OF DEATH	
(Typo or Print)		12 - 0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	12/14/65 G	before admiss
	A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street	C. CITY OR TOWN (if outside city limits, write RURAL and give to	0
HOSPITAL OR oddross or location)		vnship)
//	D. STREET ADDRESS (If rurol, give location)	
to	D. STREET ADDRESS (If rurol, give locotion)	
LLITHERAN HOSPITAL OF MI	ARYLAND 2139 W. LEXINGTON STREE	7
5. SEX 6. RACE 7. MARRIED, NEVER M.	RRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. ,	
WIDOWED, DIVORCE		lours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS	0R INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	
done during most of working life, even if retired)	WHAT COU	NTRY?
House Wife	Virginia	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Glenn	Eusibia Doswell	
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (II yes, give wer or dotes of service) SECUR	TY NO. ADDRES	12
		rineta:
18. 114/34 0-2)60 V	Mr. Sherlock Holmes 2139 W. Lex	L BETWEEN
77311900	ON SET A	AND DEATH
DISÉASE ON CONDITION DIRECTLÝ LEADING TO DEATH	(A) Cerebral Thrankonis / Remarahge 4	Mei
(This does not meon the made of dying, e.g.,	DIE TO	11000
heart failure, asthenio, etc. It means the disease,		
injury ar camplication which caused death.)	Many long of Arheric seleval, 1811 2-4	1 2160
ANTECEDENT CAUSES	DUE TO	9700
DISEASES OR CONDITIONS, if ony, giving	(B) Hegyenbergene Anheric Ellerski CVD 3-4 DUE TO Cekelbaal Artenio seleracio	
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost,	(C) CERTARE WILLIES SELEVACES	
ONDERETING CONDITION 1881,		
- 11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Draheles mellitus	
DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	RATION 20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSID IN CERTIFYING CAUSES OF DEATH?	ERED
	NO	
OR CONTRIBUTING CAUSE OF home, lorm, lo	INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact letery, street, office bldg., INJURY OCCUR?	ocotionl
DEATH (notify medical examiner)	MW - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
O 21D. TIME (Month) (Doy) (Your) (Hour) 21E, INJURY O	CCURRED 21F. HOW DID INJURY OCCUR?	
S OF INJURY	Not While	
(APPROX.)	At Work	
22. I certify that (I) (this haspital) attended the deceas	ed from how, 10 1965 to december	171961
and the second s	MALLY 7 19 6 5 and that in (my) (aur) opinion death occur	
		rea an the
and haur and fram the causes stated above. (1) (We) (di		4 7 1
23A. SIGNATURE	23B, DATE SIGNE	D
Floundaida S. Peron	M.D. Attending Mod. Director Phys. 12/14	1:1-
23C. PHYSICIAN'S	Phys. Director Phys. 121/4	105
NAME (Type)		
Florahaida S. Reroma	M.D. / WITHERAN HOSPITAL OF MARY	AND
	METERY OF CREMATORY 24D. LOCATION (City, town, or county)	(Stote
REMOVAL (Specily)		
Burial 12/20/65	Meherrin, Virginia	RESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR		
DEC 21 1965 Polos & State 19	U 0 Wm c) March 928 E. North Ave	

E. North Ave.



1	65 12991 BALTIMORE CITY HEALTH DEPARTMENT 65 12991
C-60A	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No
6 000	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print) JAMES A. CHERRY 12/19/65 2:17 a
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived in institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Mary and C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	D. STREET ADDRESS (If jural, give location)
	Hopkins Hospital 2612 Lewellen Ave. Llewely N
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
	Male Colored Hph./ 8, 1943 22
	WHAT COUNTRY?
STATE OF THE PARTY OF	13. FATHER'S NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS MONTEOU & A VIC
	18. CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH Gunshot wound of face (lower lip)
	(This does not mean the mode of dying e.g., hear foilure, ostheria, etc. it means the diseases.
	injury or complication which coused death.)
	ANTECENDENT CAUSES
BETTER BUTTER SALE	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.
	(C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
A SHARLES OF THE SAME	TO THE DEATH BUT NOT RELATED TO THE
	DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED YES IN GENTYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg, INJURY OCCUR?
	Uting Cause of Death. etc.) car in car on N. Charles St.
	2 21D TIME (Month) (Doy) (Yegt) (Hout) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) 12 19 65 about while AT NOT WHILE X shot in face 22. NOT WHILE X Shot in face
	I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinian
	resulted fram: Natural causes Accident Suicide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
	SIGNATURE WOULD HE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Marin Maria Control	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 12/19/65
	NAME (Type) Werner U. Spitz, M.D.
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	Burkel 12/23/45 Weldon, N.C.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
	DEC 21 1965 P. O. F. E. John W/M. C. MARCH 928 E. North A.
	VS 151-REV. 1/1/65

and Book as & north are

This certificate must be

			BALTIMORE CITY	HEALTH DEPART	MENT	
BIRT	H NO.	65 129	92 CERTIFICA	TE OF DE	ATH Registered	No. (15 4 10 10 10 10 10 10 10 10 10 10 10 10 10
	CASE NO.		CERTIFICATION OF THE PROPERTY		DATE AND HOUR OF DEA	00 1282 ATH
	e or Print)		ATOUED			1 Quite and
3. P	LACE OF DEA	NANNIE BR	YLAND	4. USUAL RESIDE	12-19-65 NCE (Whore deceased lived.	tf institution; residence below odmission)
				MARYLANI	B. COUNTY	8-10
-	ULL NAME OF IOSPITAL OR INSTITUTION	oddross or location)	r instilution, givo street	C. CITY OR TOWN		rito RURAL and give township)
2				BALTIM	ORF	
1	HE JOHN	S HOPKINS HO	SPITAL	D. STREET ADDRE	SS (If rural, give location	
				1322 N	ORTH BONB STRI	
5. S			MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	F	N		Sept 20,	1720 42	
		PATION (Give kind of work) orking lile, even if retired)	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	LouseW			N.C.		
13.	ATHERS NAM	E		14. MOTHER'S MA	IDEN NAME	
	DAVE	BROOKS		Addie	McCray	
15. V	Vas Deceased	Ever in U. S. Armed Force (If yos, give wer or detes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
,,,,,	, 01 0110110 4117	in yos, give were or deles	214-36-9104	Eudie 7.	3 ratcher 13	22 N. Bond St.
	18.44 24		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASI	OR CONDITION DIRE	CTLY	1.	1200 -1	ONSET AND DEATH
		EADING TO DEATH	(A)	er cliec	mrsest -	
		I meon the made of asthenio, etc. It meons	dying, e.g., DUE TO	book C	HF and	
		olication which caused	death.)	esus blu	Arnest - HF coul Agthma	
	A	NTECEDENT CAUSES	DUE 10	7 3000000		
		R CONDITIONS, if a				
		above couse (A) CONDITION lost.	stoting the (C)		, ** * ** ** ** ** ** ** ** ** ** ** **	= ====
		11				
NO	OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING			
ATIO		ATH BUT NOT RELATED ON DITION CAUSING IT.				
ERTIFIC	19A. DATE OF	OPERATION 198. CONE	ORMED	20 A. AUTOPSY?	(Yes or No) 208, IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ERT	Old Accident	T WILL IN SERVING	John Strage Co. Lovering	NO		
AL C	OR CONTRIBUT	T WAS UNDERLYING THE TOTAL	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ffice bldg., INJURY C	CCUR?	timore City, give exact facation)
DIC		(Month) (Doyl (Year)		215 110		
ME	OF INJURY	(Monin) (Doy) (188)	(Hour) 21E, INJURY OCCURRED While At Not Whil		V DID INJURY OCCUR?	
	(APPROX)		Work At Work			
			attended the deceased from			12-19-65 8:45AM
	that 🔁 (we)	last saw the deceased	l alive an <u>8- 12-19-65</u>	8:35AM	and that in (my) (aur)	opinion death accurred on the date
	and have and	from the causes state	edrabave. (1) (We) (did) (did nat) v	view the bady afte	er death.	
	23A. SIGNATUR	RE				23B. DATE SIGNED
	Y.	rev. 51	A.D. Atte	ending Mer	d. Stoff Phys. XX	12-19-65
	23C. PHYSICIAN NAME (Ty	PS noi	~	23D. ADDRESS		
		E J. SILVER	M.D.	THE JOHNS	HOPKINS HOSP	UTAL, BALTIMORE. MD.
24A		AATION, 248. DATE	24C. NAME of CEMETERY OF CR		24D. LOCATION	(City, town, or county) (State)

12/23/65 Bolto
H DEPT. 25B. NAME OF REGISTRAR

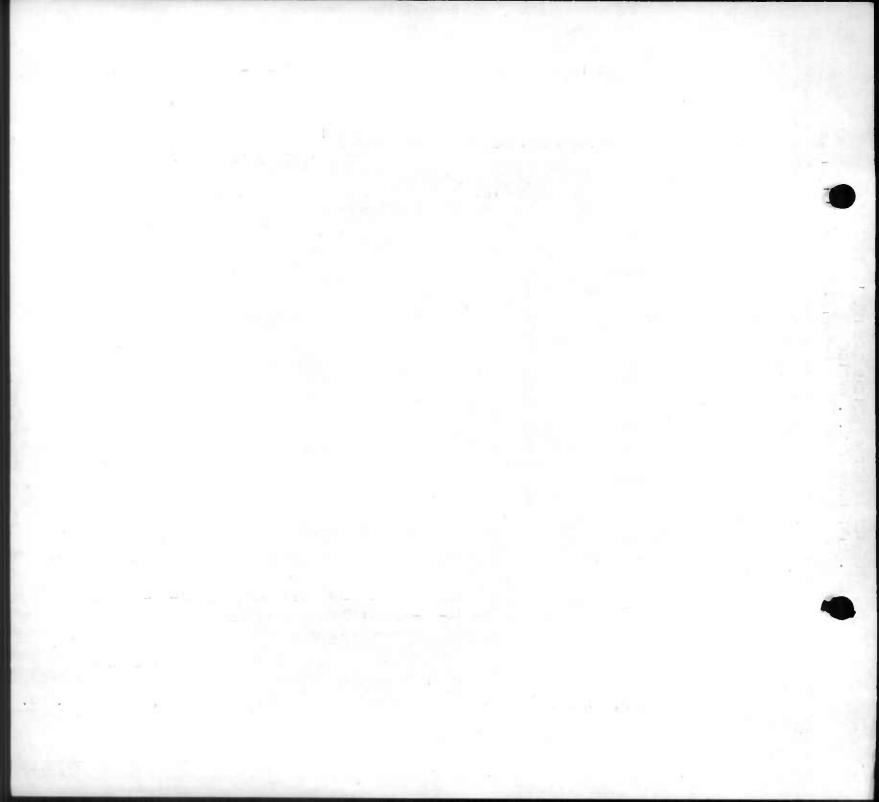
OF DEPT. 2 Notional Com.

21 1965 (

Sc. FUNERAL DIRECTOR
WM G March 928

ADDRESS 928 E. North Ave

DEC 21 VS 150-REV. 1/1/65



_{ветн} 65	12993 MEC	OICAL EX	BALTIMORE CITY HEA	TERTIFICA	TE OF I	FATH Register	G510.190	193
M.E. CASE NO.	74122	NOAL LA	AMII TERO	JEKTII IÇA	IL OI L) LA	000000	-
I. NAME OF DE	ECEASED			2. DATE AND HOUR PRONOUNCED DEAD				
(Type or Print)	DONAI	T.	MARTIN		12-19	-65	14:	55 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESID A. STATE Marylar	DENCE (Where	deceased lived. If insti	itution: residence	IVI.	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	ITION, GIVE STREET	C. CITY OR TO	WN (If autside	e carporate limits, write	RURAL ond give	e township)
UN	ION MEMORIAL	HOSPITAL		Baltimo	RESS (If rurol,		O	
5. SEX	6. RACE	7 44400150	NEVER ALABRIED	B. DATE OF BIRT	22nd St		1777	W 44 4 24 14
			NEVER MARRIED DIVORCED(specify)			9. AGE (In years last birthday)	Months Days	If Under 24 Hrs. Hours Min.
Male	Colored			Aug. 26		14		
	CUPATION (Give kind of we I working life, even if retired		BUSINESS OR INDUST	NIC.	(State or foreig	n country)	12. CITIZEN OF WHAT COL	
13. FATHER'S NA		-	4	14. MOTHER'S M				
Netha	ancel Mart	in		Berth	2 INO	ooten		
	ED EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT			ADDRESS	
Yes, no or unknow	n) (If yes, give war or da	ites of service)	SECURITY NO.	Berth.	e Fow	IKes 828	F. 22	ind st
1B.	181X1		CAUS	E OF DEATH				RVAL BETWEEN
DISEA	ASE OR CONDITION	DIRECTLY				,	ONSE	ET AND DEATH
	LEADING TO DEAT	TH	(A)	Gunshot	wound of	f head		
injury or co	nat mean the mode of the course of the cours	ns the disease, d death.)	DUE TO					
DISEASES RISE TO TI	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAST	ANY, GIVING	(B)	***************************************	000000000000000000000000000000000000000			1700 100 111 0000 the person to be a se
NO.			(C)		***************************************			
E TO THE	II GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO T						
the same of the sa	F OPERATION 198, CO		WHICH OPERATION	20A. AUTOPS		20B. IF YES, WERE FII IN CERTIFYING CAUS	SES OF DEATH?	ERED
O UNDERLYING	AL CAUSE WAS MOR CONTRIB- USE OF DEATH.	218, home, etc.)	PLACE OF INJURY (e.g., farm, factory, street,	affice bldg., INJUR	WHERE DID (If in Boltimare City, gi		
E 21D TIME	(AA	-2 (11- 2 2	Home		OW DID INJU	nd Street		
OF INJURY (APPROX.)		4:00 v	HILE AT NOT	WHILE	ld broth	Sho	t in head	d by 16 yr
22.	rtify that I held on	Inquiry	Inspection A.	Itansy II	d that an thi	s bosis, deoth in m	ov onlaion	
	ulted from: Notural c			de Homic	ide XX L	Indetermined monne		
ACTUA		Wint	Un w	CHIEF M	EDICAL EX	and the same of th	DA	TE SIGNED
EXAMI NAME	NER'S (Type) RUSSEI	LL S. FIS	HER, M.D.	ASSOCIATE A			12	2-20-65
23A, BURIAL CRI REMOVAL (Speci	ify) 10/n-		AUBUTUS M				town, or county)	(State)
24A. DATE REC'E	D BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR		ADDRE	SS
DEC 21	1 1965 (0	r 8, 30	Day MA	Wm	MAR	CH 928		
VS 151-REV. 1/1	165 N83 C	4.	3 5		, 0 0			,

M-635

BALTIMORE CITY HEALTH DEPARTMENT ыктн NO.65-326465 12994 Registered No \$5. 12994 CERTIFICATE OF DEATH on the Deceased of death M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) MCCOACH 12-18-1965 3. PLACE OF DEATH IN BALTIMORE, MARYLAND hospital death. 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) B. COUNTY ance cause; (5) cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend 0 THE JOHNS HOPKINS HOSPITAL BALTIMORE .5 prior D. STREET ADDRESS (If rural, give location) contributing 1645 NORTHWICK COURT occurred Undetermined regular White 7. MARRIED, NEVER MARRIED is mad 5. SEX R. DATE OF RIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdov) MALE MALE NEVER MARRIED hours 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY death disposition done during most of working life, even if retired) = MARYLAND SID 14. MOTHERS MAIDEN NAME the 13. FATHERS NAME (4) 3 DOUGLASS McCOACH IMPORTANT death E O 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war ar dates of service) kind; 1 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance any CAUSE OF DEATH pronounced 0 ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., ar heart failure, asthenia, etc. It means the disease, FUNERAL DIRECTOR: injury or complication which caused death.) regu ho ANTECEDENT CAUSES 4 are DISEASES OR CONDITIONS, if ony, giving 3 rise to the obove couse (A) stating the = physician UNDERLYING CONDITION IOSI. before the remains the chief medical burns; physician was PRIRIAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED by 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where (If in Boltimare City, give exact lacotion) U to the hospital °N DEATH (natify medical examiner) etc.) any nature; MEDIC. approved by obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) At Work ; and 22. I certify that (I) (this hospital) attended the deceosed from pe that (I) (we) lost sow the deceased alive an 19 ond that in (my) (our) aplaion death accurred on the date of hospital death) ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. the body was released must accident 23A, SIGNATURE 238, DATE SIGNED Priscilla Q. Felman my M.D. Stoff Phys. Attending Phys. Med. 40 Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior certificate at NAME (Type) HOSPITAL shows: (1) An

JOHNS HOPKINS PRISCILLA A. GILMAN M.D. 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) CREMOTION 12-19.65 25A. DATE REC'D BY HEALTH DEPT. |25B. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

was D.O.A.

eceased

decease

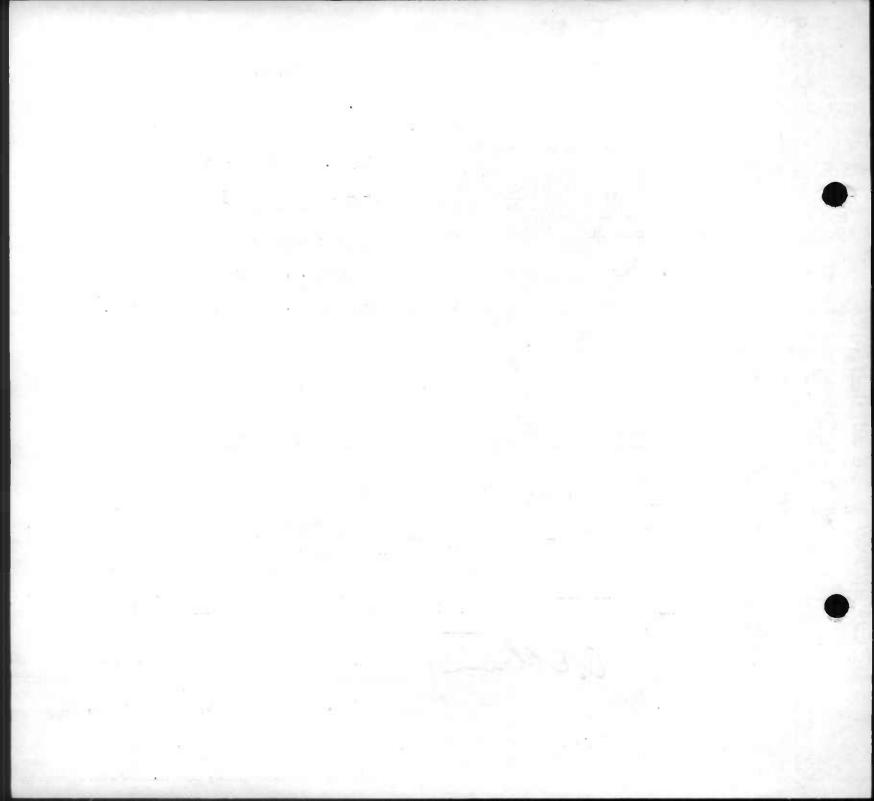
White - per Telephone end to hospital 12-23-65

12-18-65 Cong

12-18-65

Such		
death.		
10)	į
prior	de.	
deceased	ition is ma	
the	pos	
no	dis	
attendance	Imed or final	
regular	are emba	
.) No physician was in regular attendance on the deceased prior to death. S	be obtained before the remains are embalmed or final disposition is made.	
th); and (6) h	obtained	
60	must be	
prior to d	proval	
deceased	written ag	

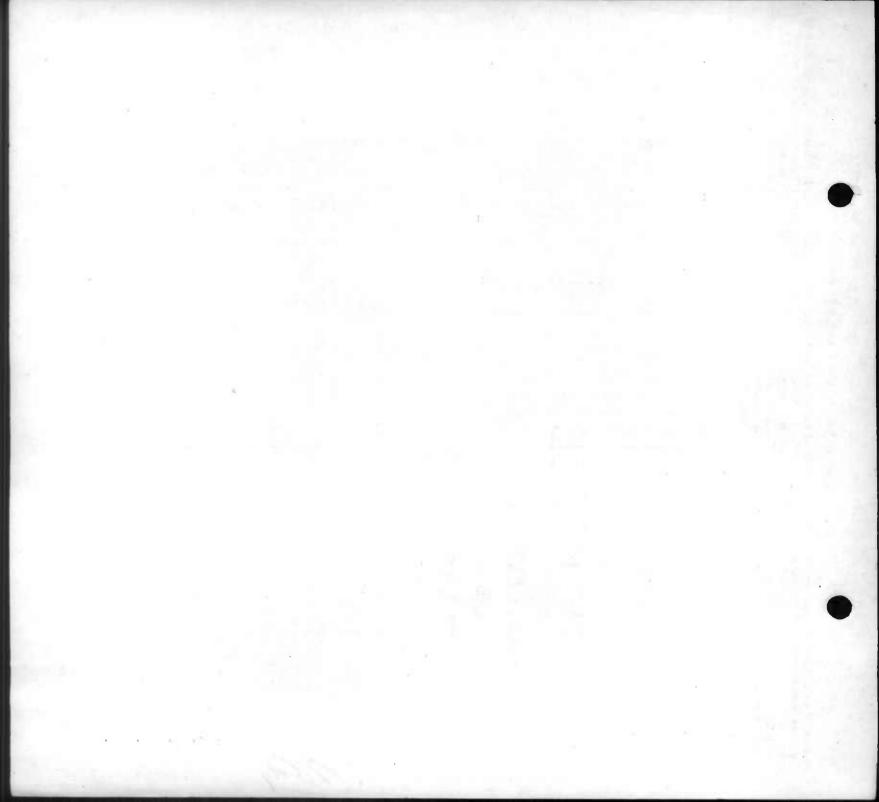
					LTIMORE CITY	Y HEALTH	DEPARTMENT	T	65	ASCOL	
BIRT	TH NO.	65 1	299	C	ERTIFICA	TE OF	DEATH	Regis	tered No.	12595	
	L CASE NO.	FASED						AND HOUR	OF DEATH		
	pe or Print)		Later m						OF DEATH		
3.	PLACE OF DE	CTOR Allen E	ARYLAND			TA HISHAL	PESIDENCE (S	/19/65	d lived If in	stitution: residence	M.
						A. STATE	B. CC	YTNUC	0 111001 17 1113		*
	FULL NAME O			ion, give street		Md.				0 5	-00
	NSTITUTION	oddress or locoti	on)			C. CITY O	R TOWN (I	f outside city li	imits, write R	URAL and give to	wnship)
15							imore				
- 6	South Ba	ltimore Gene	ral H	ospital		D. STREET	ADDRESS	(If rural, give	location)		
						113	W. Randa	all Stre	eet		
5. \$	EX	6. RACE	7. MAR	RIED, NEVER NOWED, DIVORO	ARRIED	8. DATE O	FBIRTH	9. AGE (In		If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
1	Male	White		owed	1000000,	5-1-8	2	83	3		
		UPATION (Give kind of wo		D OF BUSINES	S OR INDUSTRY	11. BIRTHP	LACE (Stote or	foreign country		12. CITIZEN OF	NIERVA
-		working life, even if retired)								WHAT COU	NIRT?
	FATHER'S NAM	ssist Supt c	I Adm	Spring	Grove Ho		Marylanders Maiden			USA	
	TATTIER D TOP					14. 1410111	ERS MAIDEN	TTAINE			
	John W.					Ma	ry L.F.	Ecker			
1S.	Wos Deceosed	Ever in U. S. Armed Fo	rces? les of serv	1 6. SOCI	AL RITY NO.	17. INFORA	HANT			ADDRES	S
	No	No		2/2	- 36-671	Wire H	olen E	Thumblar	21.75	Clarks L	יי דר דפי
-	18. 44. 6	18		77.	CAUSE O		CTCII IN	TOMOTEL	9 2417		L BETWEEN
	10	SE OR CONDITION D	IDECTIV		0.1002						AND DEATH
	Distri	LEADING TO DEATH			Rupt	ured a	bdomina.	l aneury	/SM	4 day	S
	(This does n	does not mean the mode of dying, e.g., (A) DUE TO									
		eort foilure, osthenio, etc. It means the disease, jury or complication which coused death.)									
		ANTECEDENT CAUSE			ener	ral art	erioscl	erosis		year	S
					DUE TO						H H AM TH AM D & THE PAGE & SH & S & O H &
		OR CONDITIONS, if e obove couse (A)			(C)						
		G CONDITION lost.				***************************************					************
		11									
ATION	OTHER SIGNI	FICANT CONDITIONS	CONTRIBL	TING							
AT	DISEASE OR	CONDITION CAUSING	IT.								
ERTIFIC	19A. DATE OF		NDITION F RFORMED	OR WHICH OF	PERATION	20A. AL	no	No) 20B. IF	YES, WERE F	INDINGS CONSID	ERED
		-05		same			110				
U	OR CONTRIBU	NT WAS UNDERLYING		218. PLACE O	F INJURY (e.g., i octory, street, o	n or obout 2'	C. WHERE DIE	D (If	in Boltimore	City, give exact I	ocotion)
CAL		medical examiner	040	etc.)	649			-			
ā	21D. TME	(Month) (Doy) (Year	(Hour)	21E. INJURY	DCCURRED	2	F. HOW DID	INJURY OCC	U R?		
\$	(APPROX.)	-		While At	Not Whit	le		-			
				Work \square	At Work			61.	110	0 10	65
	22. I certify	that (1) (this hospite	rl) attend	ed the deceo	sed fram Ul	ine II	E	19 64	to De	c. 19,	19
	that (I) (we)	last saw the deceas	ed alive	on Dec.	10,	19	ار مار	d that in(my)	(dur) opin	ilan death accur	red on the date
	and hour one	d from the causes st	oted obov	e. (1) (We) (d	td) (did not) v	view the bo	dy after dea	th.			
	23A. SIGNATU		0	1.						23 B. DATE SIGNE	D
		14/1	M	run	M.D. Atte	ending -	Med. Director	Stoff Phys.		12-20-65	
	23C.PHYSICIA	IN'S			1107	23 D. ADDRE		- rnys			
	NAME (T	ype)			M.D.						
244	C.C.	Chiu	10.			1	E Randa	all Stre	et, Ba	Itimore 30). Vd
24 P	REMOVAL	MATION, 248. DATE	24	C. NAME of CI	EMETERY of CR	EMATORY	240	, LOCATION	(City	y, town, or county)	(Stote)
	Burial	12/20/	65 1	Loudon P.	ark Ceme	tem	T	Roll timos	0 112		
2SA	DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTI		25C. FU	NERAL DIREC	Baltimor	Ha.	ADD	RESS
	DEC 21	1955 (? 2)	7 7 0	Man Man	0			pra_		77 27 1	
VS	150-REV. 1/1/6	65	1 /	المعالب		McEu	HIM O	Pro Hom	e, 130	E. Fort	V9



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

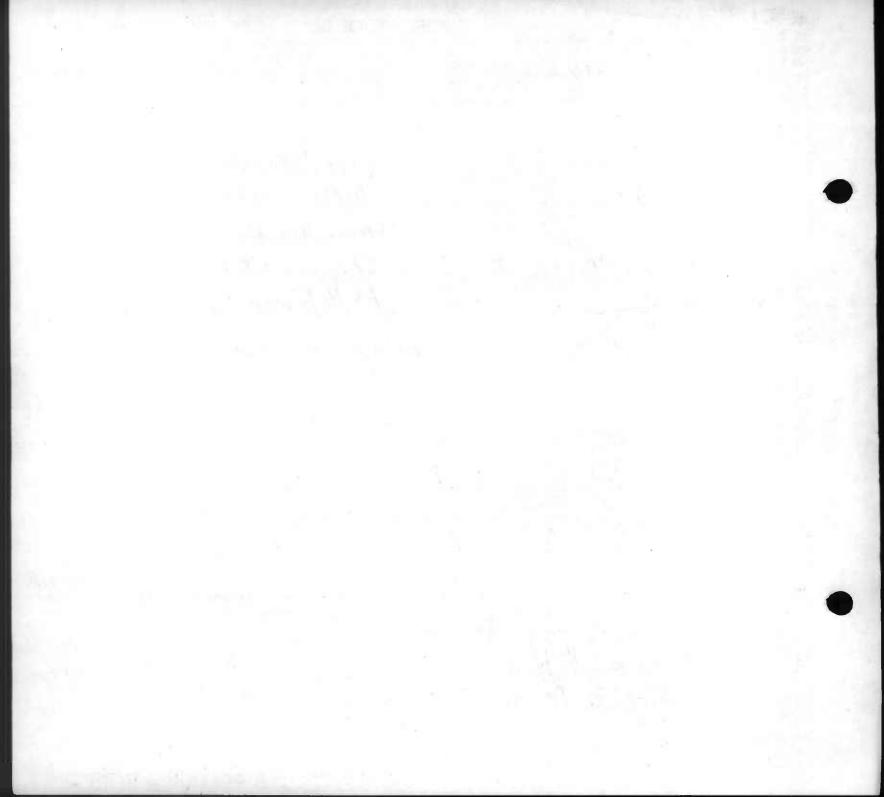
	BALTIMORE CITY	HEALTH DEPARTMENT		65 12996
BRTH NO. 65 12996	CERTIFICA	TE OF DEATH	Registered Na	00 12000
I. NAME OF DECEASED	A.	2. DATE AND	HOUR OF CEATH	
(Type or Print) Barbara	anthony	12-	19-6	5 1 2:00 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. II	institution: residence before admission)
FULL NAME OF (If not in hospital or institute of the HOSPITAL OR oddress or location)	olion, give street	C. CITY OR TOWN. (If outs		RURAL and give township
INSTITUTION	. Na sertal	Calturar		2 4 - O
franklin squa	re fayer	10	ural, give lacation)	
V		1476 HAC	IBERT	St.
fo. 1110 7 WID	OWED, OLVER MARRIED OWED, OLVERCEO (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	ione	Marykan	VC.	U-S,
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	1E	
Mariol Loodde	and	annie,	Laure	's
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	vice) 16. SOCIAL	17. INFORMANT		ADDRESS
cohower	SECONIII IIO.	Patient	1	ame
18. / 7 / X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	(1)	LAGI - A POLA	1110	ONSE! AND DEATH
(This does not mean the mode of dying,	e.q., DUE TO	user of Cerr	~ / ·	00,000,000
heart failure, asthenia, etc. II means the dis injury or complication which caused death.)		C		
ANTECEDENT CAUSES	(B)	propries supply spage is the propries of 4000000 at 4000000 at 40000000000000000		
DISEASES OR CONDITIONS, if ony,				
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	lhe (C)	ng gọng gọn sa man man man man na ngọn man na manh man man h một nột có tha các đ	0 in = 0 = 0 in 0 0 m = 0 in 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
OISEASE OR CONDITION CAUSING IT.		100		
198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21C, WHERE DID	(If in Boltimo	are City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
OF IN LIEY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	White At Not Whi Work At Work			
22. I certify that (I) (this hospital) atten	1		005 40 600	2 Bain Res 19 19 65
that (I) (we) last saw the deceased alive				olnian death accurred an the date
and haur and fram the causes stated abo			(, , (, .,	
23A. SIGNATURE	(,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			23B. DATE SIGNED
Payen Un-	Lucres M.O. AH	ending Med.	Stoff Phys.	12-19-65
23C.PHYSICIAN'S		23 O. ADDRESS	,	
NAME (Type) Ramout	M.D.			
	4C. NAME of CEMETERY or CR	EMATORY 24D. LO	CATION	City, town, or county) (State)
REMOVAL (Specify) Burial 12 23 1965	Cedar Hil	1 Bro	oklyn, A.	A. Co. Md.
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	/	ADDRESS
DEC 21 1965 @ 01 6-5	To A MAR 17	1 1 Cull	,	130 E. Fort Ave
V\$ 150-REV. 1/1/65		1 14 11		



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

BALTIMORE	CITY	HEALTH	DEPARTMENT

i-(, o ,)	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 45 12604 4 2000	CERTIFICA	TE OF DEATH	Registered No.	- 400007
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH) 14331
(Type or Print) HARTIEL BARI.	Bay	10/1	16- 11.28	PM. "
3. PLACE OF DEATH IN BALTIMORE MARYLAND	124	4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before admission)
Lenn stranger of the stranger of the	OF ISA	STATE B. COUNT	14. 0	
FULL NAME OF (If not in hospital or institution, gir oddress or location)	e street	C. CITY OR TOWN (If guts	ide city limits, write RUR	AL and give township)
INSTITUTION		12 - m	^	10-115
UNION MOMORIAE BACT. M		D. STREET ADDRESS (IF TO	orol, give location!	1 0)
HOSPHAL - DACT. 101	D-	6412 WAL-	+ HFD BAL	FUAMO
S. SEX 6. RACE 7. MARRIED, N	EVER MARRIED		. AGE (In years I	f Under 1 Yr. If Under 24 Hrs.
MIDOWED,	DIVORCED (specify)	12/11/165	ost birthday) N	Tonms Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF I	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) [1	2. CITIZEN OF
dane during most of working life, even if retired)		1/1/2 / 22	17	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	(cs)	03/4
11.		6 1	-	
MARTLEY MILTONE	(.0.014)	JAAPON L	-EF	4.D.D.D.C.C.
15. Was Deceased Everin U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. UNFORMANT		ADDRESS 1
		nstott mn	N UNKON	Memiltorp
18.762.51	CAUSE O	F DEATH /		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	D			ONSET AND DEATH
LEADING TO DEATH	(A) /	MATURITY	SFUFFE	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
injury ar camplication which caused death.)	Dy	make Appar	24	0.100
ANTECEDENT CAUSES	DUE TO	11919	C	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	160			Mal
UNDERLYING CONDITION last.	(C)			
1	741			
O THE SIGNIFICANT CONDITIONS CONTRIBUTING	1			
DISEASE OR CONDITION CAUSING IT.	100			
19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No!	208. IF YES, WERE FIN	DINGS CONSIDERED
E E		765	3144	11=5
OR CONTRIBUTING CAUSE OF A / home,	form, factory, street, a	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
DEATH (notify medical examiner)	No		VO	
U OF INJURY	NJURY OACURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While	At Work			
22. I certify that (1) (this haspital) attended the		116 4:10 pm 15	9 65 to 12/1	1/05 4:30/100
that (I) (we) last saw the deceased alive an	1		adhamana and an annual and an also	n death accurred an the date
			t in(my) (dur) apinia	n awarn accurred an the date
and have and from the causes stated above. (I)	(πe) (dld) (did nat) ·	view the bady after death.	/	DATE SIGNED
Ness of Hard	M.D. All	ending Med. S	Stoff 23	B. DATE SIGNED
Wonard S Is Tymas	Phy	s. Director F	hy s.	12/16/05
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	()	
HOFFMAN LEONADT	M.D.	UNION Mom.	HUSD.	
KEMOVAL (Specify)	AE OF CEMETER DIAGR	MARY ROARIS	CATION AR VIEINA	or county) (State)
2 DEC 21 1985	AllA	Olivi Doling		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR THE	S 25 TUNERAL PRECTOR	EDICAL SC	HOO LADDRESS
DEC 21 1965 A.O. A. R. Kashe	WALL CO	MARTIAR	I com	
VS 150-REV. 1/1/6\$		THURST AND	NED VICE	DCUR



of death Deceased Such L O death. ance irect or contributing cause (4) Undetermined cause; (5) attend 0 prior regular deceased disposition death 2 Was the death LO final attendance any pronounced 0 embalmed fracture of regular ho 3 physician remains Was (2) Body burns; physician the where the body was released to the hospital shows: (1) An accident of any nature; (3 ° obtained 9 (except and hospital death) must 0 pproval 0 prior t D

was D.O.A.

deceased

Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Anna Mae Johnson December 17, 1965 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give fownship) Provident Hospital Baltimore 1514 Division Street D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 2446 Etting Street 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. Hours lost birthdoy female Negro Separated 12/25/19 44 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11]. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Virginia U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH BY DISEASE OR CONDITION DIRECTLY LEADING TO DEATH APPROVED (This does not mean the mode of dying, heorl foilure, oslhenio, elc. Il meons the disease, injury or complication which coused death) SUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, 2 to the obove couse (A) stoling UNDERLYING CONDITION lost. 10 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (natify medical exominer) MEDIC (Month) (Dovl (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 12-I 22. I certify that (I) (this hospital) attended the deceased from 19 65 that (1) (we) lost sow the deceased alive on ond that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (dld) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Stoff 7 Attending M.D. Med. Phys. Director Phy s. 12-20-65 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type)

24A SHEAL CREMATION, 24C. NAME of CEMETERY of DATE REMOVAL (Specify) DIRECTOR VS 150-REV. 1/1/65

	This certificate must be approved by the chief medical examiner or his assistant if death oce the body was released to the hospital by a medical examiner. Also, if the direct or contshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeternwas D.O.A. at a hospital (except where the physician who pronounced death was in regdecased prior to death); and (6) No physician was in regular attendance on the decease written approval must be obtained before the remains are embalmed or final disposition is reconstants.
5	direct direct (; (4) U th was dispossi
FUNERAL DIRECTOR: IMPORTANT	assistantif the only kind deat
IMPC	Also, re of ar nounce attend
TOR:	fracture project proje
IREC	al exan (3) A an wh in re
SAL D	medica hurns, shysici an was
UNE	by a r. Body a r. Body e the r. bhysicia
ш.	spital ure; (2 where (2) No ped before a ped before
	proved the horny nat except and (6
	be ap ed to nt of a pital (sath);
	releas accide a hos
	y was (1) An O.A. at appro
	he bod hows: vas D.(lecease
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	H NO.	00	12999	CERTIFICA	TE OF DEAT	H Registered N	12999
. N	AME OF DEC	EED, Gilber	t NMI			TE AND HOUR OF DEAT	12/45 a
3. P		ATH IN BALTIMORE,			4. USUAL RESIDENCE		finstitution: residence before odmiss
F	ULL NAME C	OF (If not in hose	pitol or institution, g	give street	Maryland	~	3-12
F	OSPITAL OR	oddress or loc	cotion)	give thee;		(If outside city limits, write	te RURAL one give township)
V	eterans	Administra		ital	Baltimore		
-		n Raven Bo			D. STREET ADDRESS	(If rural, give location)	
		e, Maryland				on Street	
	Male	6. RACE Negro	Divor		10/9/18	9. AGE (In years lost birthdoy)	Months Doys Hours Mir
		working life, even if retir	red)	BUSINESS OR INDUSTRY	Lynchburg,	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NA	ME			14. MOTHER'S MAIDER	NAME	
	Gilbe	rt Reed			Iva Johnson		
	Was Deceased	d Ever in U. S. Armed		16. SOCIAL	17. INFORMANT		ADDRESS
	Yes	10/29/42-2	2/15/43	218-05-2573	VA Hospital	Records Balt	imore, Md 21218
	18. / 6	1 X W- (002.1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION					
	(This does	LEADING TO DEA		(ACarcin	noma Of Laryn	Х.	3-6 Months
	heoil foilure,	osthenio, etc. Il me	ons the disease,	500 10			
		mplication which cou ANTECEDENT CAU		Pulmo	mary Tubercu	losis Bilater	al
		OR CONDITIONS,		DUE TO			4 ************************************
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	UNDERLYIN	G CONDITION lost					
ATION	TO THE D	IFICANT CONDITION DEATH BUT NOT CONDITION CAUSI	RELATED TO THE	G E			
ERTIFICA		F OPERATION 198.		WHICH OPERATION	20A. AUTOPSY? (Yes		RE FINDINGS CONSIDERED CAUSES OF DEATH?
LC		INT WAS UNDERLYING CAUSE OF y medicol exominer)	1G 21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE (OID (If in Boltin UR?	nore City, give exact location)
ō	21D. TIME OF INJURY	(Month) (Doy) (Y	eon (Hour) 21E,	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	•
8	(APPROX.)		Whi	ile At Not While	e		
	22. I cartifu	that (V) (this hasp			November 19	th 10 65 . 1	December 21st 19 6
) last/say the dece		December 21	at. Ob		ppinian death accurred an the
				(We) (did) (did par)	***************************************		an accorred on the
	23A. SIGNATE	0 10 00 00 00 00	A died dod ve. A	() (a.a.) (did)(di)	new the oddy diter de	ount.	23B. DATE SIGNED
	1	House !	(MT)	M.D. Att	ending Med.	Stoff Phys.	
	23C. PHYSICIZ	AN'S	1	Phy	s. Director	Phys. JB	
	NAME (/_			man Rimd Da	Itimone Ma 21218
24 A	· BURIAL CRE	William B.	Joy 24C. NA	AME OF CEMETERY OF CR		Ven bive, ba	Itimore, Md. 21218 (City, town, or county) (Sto
2/	REMOVAL	(Specify)	11/1 - 1	3. CT.	1 Time of	B. DA	24.
Ľ	DATE SECTO	BY HEALTH DEPT.	25B, NAME C	OF REGISTRAR	25C. FUNERAL DIR	Maler.	Maryland
	. POLL REC D						
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RTH NO.	CE A	OOO CERTIFICA	TE OF DEATH Paris	and No. C	10000		
LE CASE NO.	65 13	CERTIFICA	TE OF DEATH Regist	rered Na.	5 13000		
NAME OF DEC			2. DATE AND HOUR	OF DEATH			
ype or ranti	PAULINE	OSTROWSKI- OS	TER DEC. 17,	1965	10.301		
	ATH IN BALTIMORE, M		4. USUAL RESIDENCE (Where deceded	lived. If inst	itution: residence before admissi		
					1) many		
FULL NAME O	OF (It not in hospita address or lacati	l ar institution, give streel on)	C. CITY OR TOWN (If autside city limits, write RURAL and give lownship)				
INSTITUTION				mins, wine ne	The did give lowinghip?		
4 UN	ION MEMOR	RIAL HOSP.	D. STREET ADDRESS (If rural, give	ocation)			
1					21206		
4.5%	1/ 2405	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	I v V Im.			
SEX	6. RACE	WIDOWED, DIVORCED (specify)	lost birthda	ylears	If Under 1 Yr. If Under 24 F Months Doys Hours Min.		
F	M	MARRIED	MAR. 22, 15	50			
	UPATION (Give kind at wa working life, even if retired)	TE TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
SALESI		DEPT. STORE	MD.		U.SA.		
3. FATHER'S NA		LOCKI. STOKE	14. MOTHER'S MAIDEN NAME				
		1					
	HONY CE		ANN				
	d Ever in U. S. Armed F n)(If yes, give war or do		17. INFORMANT ADDRESS				
NO	7 55, 8.10 1101 01	SECORITI NO.	PT COLLAND		WILKE AVE.		
11B. //		CAUSE	EDW. OSTER	BITLTO	INTERVAL BETWEEN		
TX	0.1				ONSET AND DEATH		
DISEA	SE OR CONDITION D	IRECTLY	some attention	un	1 hour		
(This does	not mean the made of	d dving e.g. DUE TO	and away or are				
heart failure,	, asthenia, etc. It mean	s the disease,	terne Hypertense		1 hour		
injury or cor	mplication which couse	d deoth.)	terral Hypertense	m	11 years		
	ANTECEDENT CAUSE	S DUE TO					
	OR CONDITIONS, if	any, giving					
rise to th	ne obove couse (A	any, giving		70 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	**************************************		
rise to th		any, giving					
rise to Ih	G CONDITION lost.	any, giving) stating the (C)		PPR TO SEEMAN RESEMBNESS			
rise to Ih	ne obove couse (A G CONDITION lost, . IIIFICANT CONDITIONS DEATH BUT NOT REI	CONTRIBUTING ATED TO THE		PO T TO A SERVICE DE COMO DE C			
OTHER SIGN TO THE DISEASE OR	e obove couse (A G CONDITION lost, . IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE					
OTHER SIGN TO THE DISEASE OR	IN OPERATION 198. IN OPERATION 198. IN OPERATION 198. ON OPERATION 198. CO	CONTRIBUTING ATED TO THE	20 A. AUTOPSY? (Yes or No) 20 B. IF IN CERT		NDINGS CONSIDERED SES OF DEATH?		
other sign to the Disease or 19A. Date o	IN OPERATION 198. CO WAS PE	CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF IN CERT	YES, WERE FI			
OTHER SIGN TO THE DISEASE OR 19A. ACCIDE OR CONTRIB	IN INTERPOLATION OF THE PROPERTY OF THE PROPER	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YIN CERT	YES, WERE FI	NDINGS CONSIDERED SES OF DEATH? City, give exact location)		
OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTED OR CONTRI	IN OPERATION 198. CO WAS PE	CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No) 20 B. IF YIN CERT	YES, WERE FI			
OTHER SIGN TO THE CONTRIBUTION OF CONTRIBUTION	IN CONDITION 1051. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20 A. AUTOPSY? (Yes or No) 20 B. IF YIN CERT	res, Were Fl IFYING CAU in Boltimore			
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Bural 12-21 25A. DATE REC'D BY HEALTH DEPT. DEC 22 1965 Q.L. 258. NAME OF JEGISTRAR em Ballmore

25C. FUNERAL DIRECTOR 2007 E

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ADDRESS - Z/23

VS 150-REV. 1/1/65

